

A HISTORY
OF THE
Toronto General Hospital

BY
C. K. CLARKE, M.D., LL.D.

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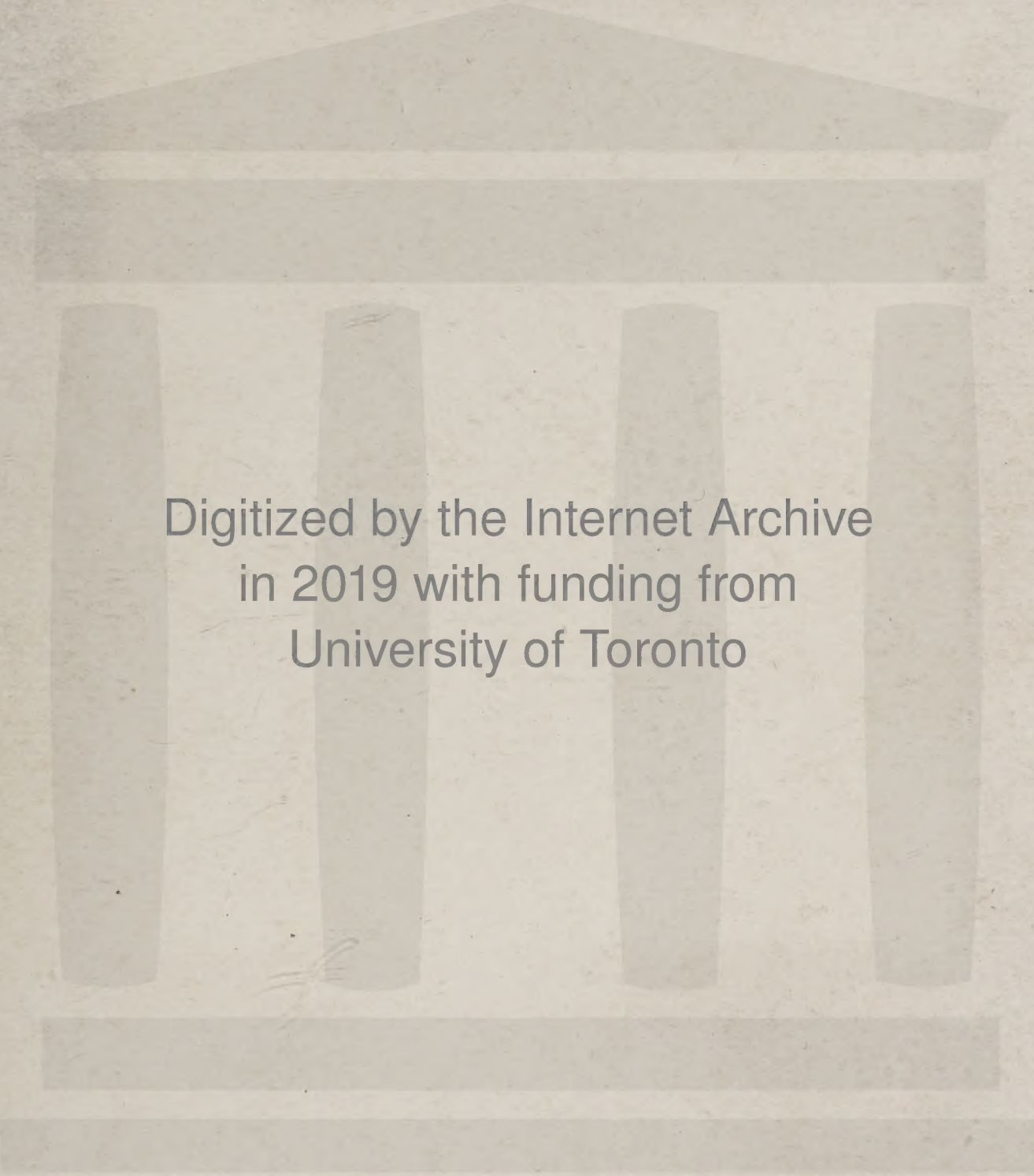
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MEDAL OF THE LOYAL AND PATRIOTIC SOCIETY, 1817

A History of the Toronto General Hospital

INCLUDING AN ACCOUNT OF THE MEDAL
OF THE LOYAL AND PATRIOTIC
SOCIETY OF 1812

BY

C. K. CLARKE, M.D., LL.D.

Superintendent Toronto General Hospital

With Twenty Illustrations

TORONTO
WILLIAM BRIGGS
MAY, 1913



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CHARLES KIRK CLARKE



THIS BOOK IS DEDICATED

TO

The Memory of the Heroes of the War of 1812

WHO, BY THEIR BRAVERY AND LOYALTY TO
KING AND COUNTRY, MADE POSSIBLE
THE ESTABLISHMENT OF THE
YORK GENERAL
HOSPITAL



"THE GUARDIAN ANGEL," TORONTO GENERAL HOSPITAL,
GERRARD STREET

PREFACE.

THE compilation of this brief history of the Toronto General Hospital has been a grateful task, although for many reasons a difficult one. The Hospital records, if there were any, have disappeared, the newspapers of long ago were not as devoted to the tittle-tattle of every-day life as those of the present time, and so few people living can throw much light on the questions under consideration. Unfortunately no hospital Pepys existed.

Then again the material for publication has been collected at odd moments snatched from the hurly-burly of the strenuous life the writer has had to live, owing to affairs of both the Gerrard Street and College Street Hospitals requiring so much of his attention. At the same time the matters discussed must prove of interest to all persons who wish to know as much as possible of Canadian history.

It may be urged that the book refers to conditions and generalities, rather than to persons, but this was inevitable. For example, if it had been an attempt to tell the story of the medical profession and its doings in the Hospital, another large volume would have been required, as the majority of men eminent as physicians and surgeons in Toronto were at some time or another on its staff. Then again the illus-

trious who have graduated from its walls have been numerous.

It is possible, too, that many meritorious persons have been completely overlooked and their names omitted or passed by. If so, the writer must take refuge under the excuse that it was impossible to gather together all the information desired in the time at his disposal, but he would feel deeply sorry if a palpable omission did injustice to anyone.

Much assistance has been given in the compilation of the book by John Ross Robertson, Esq., Mr. A. F. Miller, the Librarians of the Parliamentary and Reference Libraries, Dr. Charles O'Reilly, Prof. A. B. Macallum, Mr. J. W. Flavelle, Dr. Arthur Jukes Johnson, Dr. R. B. Nevitt, Dr. Alexander Taylor, Dr. R. H. Robinson, Miss Snively, and many others. To these the thanks of the author are extended.

TORONTO GENERAL HOSPITAL,
March 12th, 1913.

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A History of the Toronto General Hospital.

CHAPTER I.

THE ORIGIN OF THE YORK GENERAL HOSPITAL.

PROBABLY no institution in Toronto has such an interesting history as the General Hospital, dating back as it does to the anxious days of the beginning of the nineteenth century, a period fraught with strain and excitement for the inhabitants of what was known as Little York.

The people had learned through the suffering occasioned by the ill-conceived and cruel war thrust upon them by the Americans in 1812, how great was the necessity for hospital accommodation, and as soon as possible a movement to provide such was initiated. How far the original plans of the Loyal and Patriotic Society extended in this direction is not quite clear, although, as will be shown, it came to the rescue at a critical moment, and donated funds which were much needed at the time. Clearly the same difficulties which have always faced the Hospital Board were in evidence from the first, and were surmounted by the methods still in force. No public of spirit will allow a deserving charity to go to the wall, especially when it is a prominent factor in the very existence of the

community, and so to-day the complicated questions which confront the Trustees will be solved as successfully as those of a century ago.

How history repeats itself may easily be learned by a perusal of the events about to be detailed, and if it seems remarkable that the petty jealousies of the last century are the petty jealousies of the present, it is to be explained on the assumption that human activities run in much narrower grooves than is ordinarily suspected.

The striking fact is brought out, too, that from the very inception of the Toronto General Hospital, it was the centre of medical education, and in its wards were trained the men who were to place medicine in Upper Canada on a pedestal worthy of the traditions of a great profession. On its staff were to be found those whose work has been recognized throughout the world, so that to-day the old Hospital has established for itself a reputation to be envied and admired. In other words, in spite of almost insuperable difficulties, those who have unselfishly given the best of their time and abilities to the furthering of a good work have not laboured in vain. The University of Toronto and the General Hospital are indissolubly united, and any glory achieved by the one is inevitably reflected on the other. It is true, that at times the narrow point of view hampered both Hospital and University, but fortunately the common sense of the community always came to the rescue, and in the end the right thing was done, until to-day a situation exists that is almost unparalleled in America.

A careful survey of the authorities at hand reveals the unpleasant discovery that time, fire, and other

destructive agencies, have removed what would have been interesting sources of information, had they been available. The very early newspapers cannot be had, and the divergent statements printed by various authors, subsequent to the important dates we wish to learn about, leave us in obscurity regarding what should have been easily ascertained facts.

It is confusing, for instance, to read in Talbot (1824), that the York General Hospital existed presumably in 1818, and at that time was the most pretentious building in the community. Then again, it is commonly stated that the York General Hospital was built in 1819, although tenders for its erection were not asked for until November, 1819.

The truth, in all probability, is that a brick hospital was constructed by John Ewart, in 1820, but that it was not the first hospital in York is clearly shown by the records, proving that in 1813 funds were donated by the Loyal and Patriotic Society towards the maintenance of the Hospital. Before discussing this it may be well to look into the history of this Society, which played such an important rôle in the development of the institution.

On the shelves of the Toronto Reference Library is a priceless little octavo volume, published by the Loyal and Patriotic Society in 1817. It may be the only copy in existence, at all events it has become almost the rarest of Canadiana. From it we glean the aims and reasons for the existence of a Society which appealed so successfully to the people of the British Empire, that it finished its career with a veritable embarrassment of riches. To quote from the volume: "The Loyal and Patriotic Society," published 1817:

“ This Association grew out of the peculiar circumstances of Upper Canada, when war was declared by the United States of America against the United Kingdom and its Dependencies.

“ Utterly unprepared for war, the Militia of the Province was suddenly called to the frontier to oppose invasion. It had neither arms nor cloathing.

“ The first attention of their gallant leaders after arming them, at the expense of the enemy, which had invaded our shores, was to provide cloathing suitable to the severity of the then approaching season.

“ For some cause not explained, the actual relief was so long delayed, that individual sympathy was excited, and the inhabitants of York, by a private subscription, aided by the personal labour of the young ladies of the place, afforded a supply of the first necessity in flannel shirts, to the companies doing duty on the lines, between Niagara and Fort Erie.

“ It was soon discovered that great distress must unavoidably, in many cases, result to families, deprived of their sole support, the labour of fathers, husbands, sons and brothers employed in arms.

“ To meet in some degree, and to alleviate such distress, the Association, now distinguished as the Loyal and Patriotic Society of Upper Canada, was projected and instantly adopted, with a zeal creditable to the inhabitants of York.’

“ At the first meeting, a subscription, to be renewed annually during the war, as circumstances might admit, amounted, in some instances, to a tenth part of the income of the subscribers. This example was followed in several districts, and the wealthy cities of Quebec and Montreal most liberally seconded the

views of the Society. Its object was no sooner known in London than a subscription was opened by Lieutenant-Governor Gore, encouraged by the countenance and patronage of His Royal Highness the Duke of Kent, who was pleased to preside at the meeting held at the city of London Tavern, and filled with that munificence which ever distinguishes a city whose merchants are princes.’

“The sister colony of Nova Scotia, excited by the barbarous conflagration of the town of Newark, and the devastation on that frontier, contributed largely by a Legislative Act, to the relief of that portion of the Province which it is thought just to notice in this way, although the distribution of that bounty was not committed to this Society.’

“A liberal subscription of the individuals of the island of Jamaica, made a large addition to the means of the Society, and altogether its funds were so augmented as to induce a Committee of Directors to forbear such further call on the annual subscribers, until the monies actually in hand should be exhausted.

“The Rev. Mr. Addison and the Rev. Dr. Strachan humanely offered their personal services in the distribution.’

“The resident committee at York having paid liberal attention to every representation of distress still found at the place a large sum unappropriated.”

In regard to the subscription from Jamaica it may be said that part of it took very practical shape, no less than fifty puncheons of rum being contributed, as well as a large quantity of coffee and many doubloons. History has not left any record of what became of the

rum, as to whether it was sold in Jamaica or sent to Canada. At all events it is reasonably certain that the inhabitants of Upper Canada did not require any large amount of this commodity to supply either patriotism or loyalty—Mr. Madison's War had developed these; and we may be certain that the rum was not spilled in the streets in those strenuous days when three-fifths majorities had not been thought of.

At this stage it may properly be asked what had the Patriotic and Loyal Society to do with the York General Hospital? The reply to that enquiry is that the early affairs of these institutions are indissolubly connected.

“In July, 1813, the Secretary of the Loyal and Patriotic Society, Mr. Wood, laid before the Board an account of sundries furnished by him under sanction of the Rev. Dr. Strachan, and other individuals of the Society, for the use of the Hospital; after 27th April, when the post was left without surgeon, commissary or medical stores, and although not specifically an object, yet under the special circumstances of the advance made, and in assurance that the amount will be replaced on due application to the Commander of the Forces.”

The amount advanced was £253 4s. 9d., New York currency.

“A general meeting of subscribers to the Loyal and Patriotic Society was held in the Church at York, on Monday, 5th July, 1813. The Hon. Thomas Scott, Chief Justice, in the Chair.

“It was proposed to confirm the acts of the Directors since the last meeting, in advancing divers sums

of money to objects not immediately the subject of the original Resolutions of this Society, viz., the sum of two hundred and fifty-three pounds, four shillings and nine pence New York currency, for the support of the Hospital in the town of York, subsequent to the evacuation of the place by the Commander of the Forces and the Army."

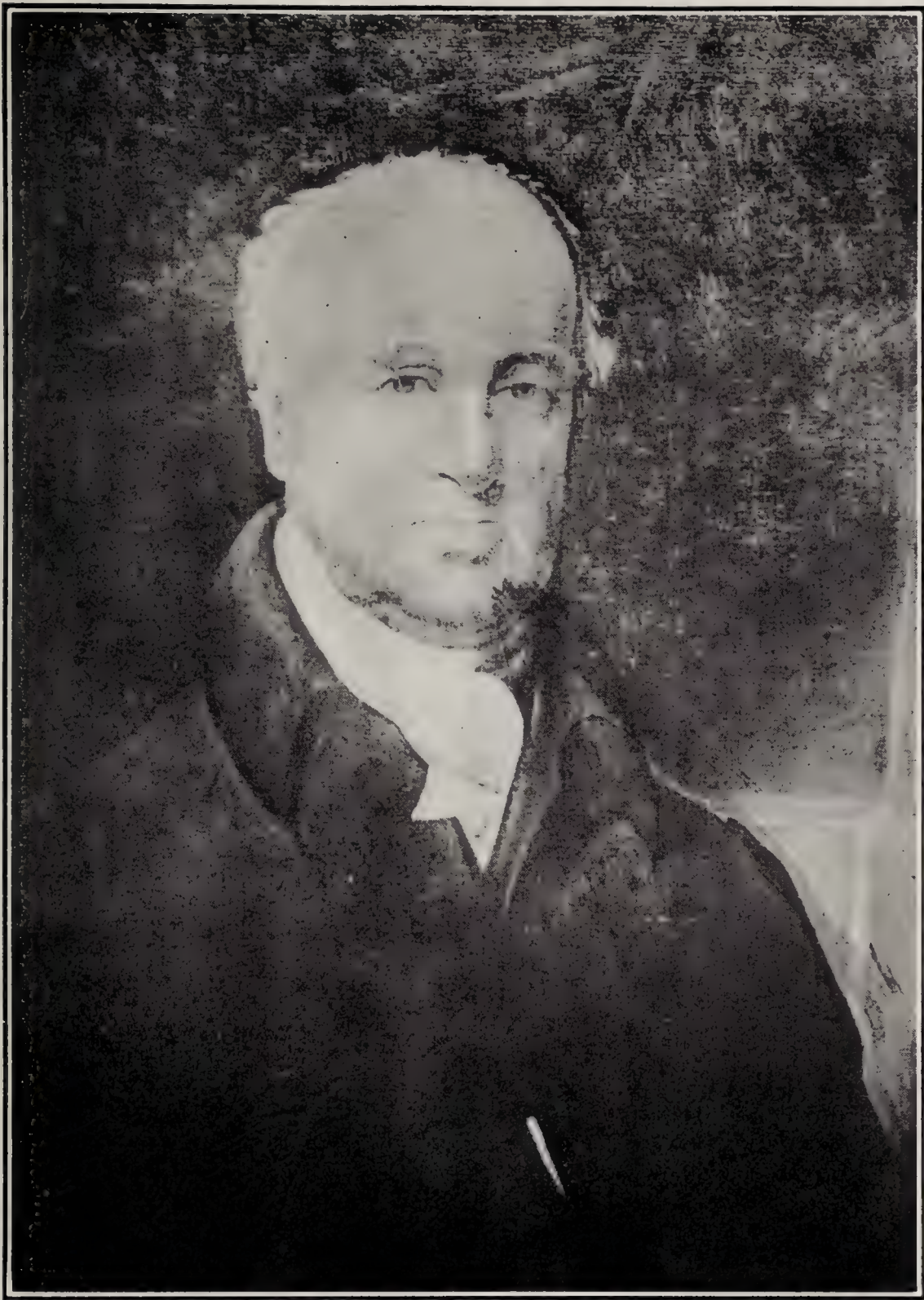
The Hospital referred to was no doubt the Military Hospital situated just behind the old Fort. Its location is shown on several of the early maps in the possession of John Ross Robertson, Esquire. Thus early in the day we find the Loyal and Patriotic Society taking an interest in the affairs of the York Hospital.

In 1817, some three years after the close of the war, the people of York became seized of the importance of having a proper hospital erected, and in 1818 a Minute in Council was passed by the Government ordering that certain lands in the town of York, set apart in the early survey for the purposes of a General Hospital, should be given in trust to certain parties to carry out the design of their allotment. The whole allotment was about three hundred and ninety-nine acres in different parts of the town.

In the minutes of His Majesty's Council for the Province of Upper Canada, under date the ninth day of June, 1818, occurs the following: "That the land attached to the Government or Elmsley House in the Town of York, Russell's Square in the Town of York, Simcoe Place in the Town of York, the Park or Government Reserve east of the Town of York, the land and site of the old Brick and Government Buildings

adjoining the south-east angle of the Town of York, the Government Reservation west of Russell Square in the Town of York, the Hospital Reservation in the Town of York, the site of the present Gaol in the Town of York, and the School Reservation in the Town of York, be granted to the Honourable Chief Justice Powell, the Honourable James Baby, and the Honourable and Reverend Dr. John Strachan, and to their Heirs and Assigns forever in Trust, to observe such directions and to consent to and allow such appropriations and dispositions of them as the Honourable the Executive Council for the affairs of this Province for the time being shall from time to time make an order, pursuant to the purpose for which the said parcel or tract of Land was originally reserved, and to make such conveyance of the same to such persons and upon such Trusts as His Majesty's said Executive Council for the time being shall from time to time direct."

To be more specific the land originally held comprised: Six acres on west side of Church Street and north side of Newgate Street; six acres, Lots 12 and 13 on north side of King Street, 11 and 12 on south side of Newgate Street, and 14, 15, 16 and 17 on west side of John Street; one acre on the corner of King and York Streets; the tract of land, known as Park Reserve, bounded south and east by the Don River, west by Parliament Street, and north by Elm Street, containing about 380 acres; a lot of land purchased by the Trustees on the Garrison or Military Reserve containing about six acres.



HONOURABLE CHIEF JUSTICE WILLIAM DUMMER POWELL

(From the J. Ross Robertson Collection, Public Library, Toronto)

In the year 1819 the Hospital was erected on the lots on the north side of King Street, instead of the lots on Church Street, which had been sold. (Extracted from a return made to the Parliament, May 15, 1856.)

Evidently it is a mistake to say that the Hospital was built in 1819, because tenders were not called for until November 24th, 1819, as is shown by the following advertisement taken from the issue of the *Upper Canada Gazette* of November 25th, 1819:

“Proposals for building by Contract, a Brick Hospital in the Town of York, will be received at the Post Office, by William Allan, Esq., where a Plan, Elevation, and particular description of the intended building may be seen, and any information respecting it obtained. Proposals to be given in within one month of this date. York, 24th Nov., 1819.”

From this it would appear that the erection of the Hospital took place in 1820.

Now to return to the affairs of the Loyal and Patriotic Society and the disposition of its funds.

“On the 17th Oct., 1817, nearly three years after the War had ceased, the Society having closed its benevolent labours, there remained in their hands a large sum of money. Among other things medals for the heroes of the War had been ordered from England. The sum of One Hundred Pounds was first appropriated, but when the medals were received they did not correspond in execution with the design of the device so were not distributed. One thousand pounds was then appropriated with which to procure new medals of different quality, but upon the same device as the original.”

These medals as figured in the cut were two and a half inches in diameter. To quote from the original description :

“ In a circle formed by a wreath of laurel the words—

“ ‘ For Merit ’

“ Legend,

“ ‘ Presented by a grateful Country.’ ”

“ On the reverse,

“ A Streight between two lakes, on the North Side a Beaver (Emblem of peaceful industry) the ancient armorial bearing of Canada. In the background an English Lion slumbering. On the South Side of the Streight the American Eagle, planeing in the air, as if checked from seizing the Beaver by the presence of the Lion.

“ Legend,

“ ‘ Upper Canada Preserved.’ ”

The dies for these medals were prepared by Leonard C. Wyon, of London. When the medals arrived in 1817, at a cost of £750, so many jealousies arose regarding their distribution that it is questionable if any received them. Some supposed that it would not do to have heroes who were not regulars; on the other hand, the militia who had borne the brunt of many of the battles insisted on recognition.

The “ medal war ” became almost as fierce as the struggle the decorations were designed to commemorate; delay ensued, and eventually the gold and silver medals were deposited in the Bank of Upper Canada, where they remained until defaced in Alex. Ward’s

garden by a blacksmith, Paul Bishop, and one of his men. The sale of the bullion was added to the funds from which the York General Hospital received the capital to enable it to come into existence.

The dispute over what had really become of the funds of the Loyal and Patriotic Society covered several years, and so many unpleasant insinuations were made, even in Parliament, that as late as 1841 we find published an "Explanation of the Proceedings of the Loyal and Patriotic Society of Upper Canada."

From this we learn that "on the 17th Oct., 1817, nearly three years after the War had ceased, the Society, having closed its benevolent labours, there remained in the hands of their Treasurer an unexpended balance of £445 2s. 1½d. [This was no doubt in addition to the £4,000 to be accounted for presently]. By a vote of the Society, £200 of this balance was authorized to be paid to a charitable institution which had been formed for the relief of strangers in distress, of which most of the principal inhabitants were their members.

"It will be seen from the correspondence that the Society proposed, as the means of making this sum productive of the greatest good, to aid in founding with it three Hospitals, one at York and two in other districts of the Province, in which those who had been wounded, or had contracted disease in the service, might obtain some relief, and which would in other respects serve the cause of humanity, in a manner suitable to the feelings of the generous contributors."

The Society eventually refused to endow three Hospitals, preferring to see an effectual effort made for the establishment of one.

“ With the sum of £4,000 sent from England, the Hospital was built in Toronto, which has for many years, and is at this moment, extending inestimable benefits to the poor and afflicted, especially to the destitute emigrants from the Mother Country, the source from which the fund was derived.

“ The balance above the cost of the building was paid into the Hospital Fund and has been invested in Bank Stock for the use of the Institution; and the prudent foresight which led to the objection against the foundation of three Hospitals at so early a day, has been proved by the difficulties against which this single establishment has had constantly to struggle and by the perplexity which those engaged in its management are at this moment under, from the want of funds for its adequate support.

“ In 1820, Feb. 22, at a meeting, it was proposed by the late Chief Justice Sir William Campbell, one of the Vice-Presidents in whose handwriting the proceedings of this meeting are drawn up; and who, it is worthy of remark, composed the original Constitution of the Society in 1812, including that very proposition for bestowing medals which it is evident he afterwards thought it desirable to rescind :

“ ‘ Resolved, that it is the opinion of this meeting that as the gold and silver medals cannot now be distributed in any manner to answer the original purpose for which they were designed, it is expedient that the same be sold as bullion, and the net proceeds be put to interest, for the purpose above stated.’

“ Notwithstanding the resolution the medals were returned to the Bank. In the last session of the

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Legislature the delay in the distribution of the medals was taken up as a public grievance."

At a general meeting of the Loyal and Patriotic Society of Upper Canada on Feb. 23rd, 1820, after several resolutions, it was

"Resolved, that in conformity to the principles above stated, this meeting do approve of the loan of £2,000, part of the said balance of £4,000, to the Trustees of a General Hospital or Asylum intended to be erected in York, as voted by a meeting of directors of the Loyal and Patriotic Society held at York on the 6th day of November, last, that the Trustees to be appointed for the said Hospital shall, by an Instrument under their hands and seals, sufficiently secure the regular payment of the interest of the said £2,000 to the Directors of the Loyal and Patriotic Society, if the same shall be demanded, and upon like security we approve of the deposit by loan of the remaining part of the said balance of £4,000 to the other districts for the purpose of a Hospital, always giving preference to charitable institutions, paying interest for the same as aforesaid and for the purposes aforesaid."

It was also agreed to sell the bullion from the medals and apply the receipts to objects above stated.

In June, 1820, another meeting was held, and it was then decided to grant the whole £4,000 to the establishment of the York General Hospital, which was to be called a Provincial Hospital.

This seems to make clear the evolution of the institution and to prove pretty conclusively that the Hospital was not built until some time in 1820.

There were sixty-two gold medals and five hundred of silver; in addition to this number forty-eight were found among the effects of the late Chief Justice Scott. All these were, after defacement, sold to Charles Sewell, a jeweller, for £393 12s. 1d., and the amount deposited in the Bank of Upper Canada, on Nov. 11th, 1840, as is shown by the following receipt:

“ Bank of Upper Canada,

“ Toronto, 11th Nov., 1840.

“ Received from the Honourable William Allan and Alexander Ward, Esquire, the sum of three hundred and ninety-three pounds, twelve shillings and one penny, Currency, for Account of the Trustees of the Provincial Hospital.

“ THOS. G. RIDOUT,

“ Cashier.”

This ended the “ medal war,” and it is certain that the heroes of the War of 1812, whether of the regular or volunteer forces, received few, if any, of the decorations. As far as can be ascertained, no specimen is known to exist, although one author speaks of having seen these medals in the possession of various farmers on the Niagara frontier, who had gone through the campaign and who regarded these rewards as being of priceless value. The statement is open to a good deal of doubt, because such relics would have been carefully preserved and their whereabouts would be easily established even at the present date.

The author learned from one of the Governors of the Hospital that the firm of Wyon had made the University of Toronto medals in the seventies. This statement led to a search for the address of these

people and an enquiry for information regarding the disposition of the dies from which the long-lost medal was struck. It was found that the firm was still represented by Mr. Allan G. Wyon, the only member of the family engaged in medallic art. Mr. Wyon stated that the dies were in his possession, and kindly offered to furnish bronze medals, which will be found, suitably mounted, in the office of the Superintendent in the new General Hospital. Unfortunately, the records in regard to the number of medals originally purchased from the firm have not been preserved, but the facts already given make it reasonably certain that none of the medals were distributed. Under the circumstances the bronze edition becomes unique as a memento of the stirring days of 1812, and the Hospital itself is a proof that the heroes of the tragic war have had a more lasting medal than one of gold or silver erected to commemorate their unselfish devotion to their king and country. The medal has become a faded memory, the Hospital is a glorious reality.

To illustrate how high feeling ran, and how bitter prejudice was in this matter, I cannot do better than quote from an article written by the late Dr. James H. Richardson, on "The Mystery of the Medals." Unfortunately the question had reached political circles. I suspect the mystery is not nearly as great as is supposed, and in view of the fact that none of the original medals turned up, the inference is that they were all destroyed. When one thinks of the value of gold and silver medals of the size and weight (the bronze specimens weigh one ounce), the cost of making dies, and so forth, the probabilities are in favour of the theory that the destruction was complete.

“ After giving \$800 of its funds to a Society ‘ for the relief of strangers in distress,’ it closed its operations in 1817, giving the balance of its funds, \$48.25, to the same Society.

“ It was generally known, at that time, that a large portion of its funds has been appropriated to procure medals, and that they had been received, but that none had ever been distributed. What had become of them was a mystery.

“ Twenty-three years elapsed and all persons interested had relinquished all hope of learning what had been done with them, when the matter was brought before the House of Assembly, and a Committee, with David Thorburn as Chairman, was appointed to inquire and report.

“ The Hon. Messrs. Allan, Wood, Cruickshanks, and Rev. Dr. Strachan, all directors of the Society, were summoned to give evidence.

“ From a voluminous report of the operations of the Society handed in by Mr. Wood, it appeared that when the Society closed its operations in 1817, ‘ there was at the disposal of the Society a balance of \$1,780.25, besides medals of gold and silver, for which \$5,500 had been appropriated.’

“ Mr. Wood, having informed the Committee of the House of Assembly that he still considered himself the Secretary, ‘ was desired to inform himself whether it was the intention of the Society to carry out the objects for which it was formed.’ Mr. Wood replied that ‘ he did not consider the House of Assembly had anything to do with the operations of the Society, being wholly of a private nature.’

“The Committee, however, did not coincide with Mr. Wood’s objection, and summoned Mr. Thomas G. Ridout, cashier of the Bank of Upper Canada. He informed the Committee that, in the Autumn of 1822, a box was brought to the Bank of Upper Canada, with a key, by a person who was apparently a servant-man, which he opened, and found to contain a quantity of medals, apparently some of gold, the greater part of silver; that the box had not been opened since and still remained in the vaults of the Bank.’

“The Committee ascertained that ‘there was another box containing forty-eight medals, in the possession of Mr. Allan, which was found among the effects of the late Chief Justice Scott, but whether these two boxes contained all the medals that were ordered your Committee have not ascertained.’

“The Hon. Rev. Dr. Strachan was then examined, but no information of any consequence was elicited from him.

“In closing their report, the Committee recommended the following resolution, which was passed by the House: ‘Resolved, that this House is of the opinion that it is the most desirable that the medals referred to should be distributed according to the original intention, among the militia entitled to them who are now living, and among the children of such as are dead, that they may be retained as a distinguished memorial of the gallantry and loyalty of the brave and patriotic men for whom they were designed.’

“This action of the House of Assembly raised a storm of virtuous indignation, and was resented by the Loyal and Patriotic Society. The Committee of the House was denounced as an ‘inquisition’ and the

Society declared that 'they could not see, and did not acknowledge the propriety of the interference of a body which had not manifested while the Society was in the most active operations, the slightest interest in their affairs.'

"A meeting of the Loyal and Patriotic Society was summoned and held on July 7th, 1840, the record of which reads like a burlesque:

"'It was submitted by the Hon. Mr. Allan that a disposition had lately been shown to interfere in the disposal of medals which had been procured many years ago, and it is therefore necessary that the surviving members of the Society should, in the execution of the trust committed to them, take measures for carrying into effect the resolution which was deliberately entered into at a former meeting' (twenty years before).

"Accordingly it was resolved that we 'do unanimously concur in the propriety of carrying into effect the resolution of the meeting of February 22nd, 1820.'

"'Resolved, that Messrs Allan and Wood do accordingly, without delay, dispose of the medals for the best price that can be obtained for them, and vest the amount in the Bank of Upper Canada for the use of the General Hospital, upon the same terms as the residue of the funds were paid over for the like purpose.'

"This reference to 'terms,' 'residue of funds,' 'and like purposes,' introduces us to another chapter of this Loyal and Patriotic Society.

"Two years after the Society's operations had been closed, that is, in 1819, the sum of \$20,000 was re-

ceived from English contributors. This was a small windfall. The Secretary immediately wrote to London 'that, as the accounts of the Society were closed, and no application has been recently made for pecuniary relief, it was proposed to apply the sum towards the creation of a General Hospital,' and asked whether 'such an application would fully meet the inclinations of the subscribers in England.'

"No intimation was given of the need of funds to supply medals to the poor militiamen, but it was plausibly stated that 'in it (the hospital) such objects of the original charity as may remain could seek an asylum.'

"How many such 'objects' there could be to seek the 'asylum' may be inferred from the facts that five years had elapsed since the conclusion of the war, that for two years there had been no application for relief, that in 1817 the Society had given \$800 to a society for the relief of strangers, and that the little balance on hand of \$48.25 was given to the same Society, not leaving one penny for future relief.

"In their ignorance as to the affairs of the Society, and on the condition that interest on the \$20,000 was to be paid to the Treasurer of the Society, if he should ask for it, the London Committee acquiesced in the proposal.

"To return to the medals, Messrs. Allan and Wood at once, 'without delay, engaged the services of a well-known blacksmith, Paul Bishop, and his two apprentices, in order to deface the medals.' Bishop has told me, and one of his assistants, Hamilton, has corroborated Bishop's statement, that he set up an anvil in the garden at the back of Mr. Wood's house, that the

medals were brought in successive trayfuls, and were one by one smashed on the anvil with a large hammer, the face of which had been roughened for the purpose; the rings and chipped edges flying off among the vegetables.

“The mangled medals were sold to two watch-makers of the city, and realized, after deducting expenses, which included \$5.00 to P. Bishop and two assistants, \$1,575. There were sixty-one gold medals which were taken from the box in the vault, five hundred silver from the box in the vault, and forty-eight from the box in Mr. Allan's possession. It will be noted that the amount appropriated for the medals was \$5,500, and that all the medals that were brought to light realized only \$1,575.

“This balance is so large that it is impossible that it was expended in the manufacture and transport, and it is impossible to avoid the conclusion that there must have been many other medals than those contained in the two boxes. What became of them is a mystery.

“As to the non-distribution, two reasons were given. Mr. Allan told the Committee of the House, ‘I perfectly recollect the cause assigned formerly for these medals not having been distributed soon after they came to hand, which must have been in 1818. I think it was found too late, as no previous means had been taken to ascertain who were the persons most entitled to receive them, and the difficulty that appeared to occur in making a distribution without causing jealousy and discontent were, as far as I know, the reason why it was done.’

“Unfortunately, the facts are not in accordance with Mr. Allan’s ‘perfect recollection.’

“The records show that as early as 1813 ‘medals were received, but did not correspond with the design of the device.’

“In the report of a meeting of the Society held May 1st, 1815, it is stated that \$33,328, with growing interest, was at the disposal of the Society. The report of the Committee on the return of persons supposed to be entitled to marks of distinction from the Society was read, and adopted unanimously, and it was ‘Resolved, that the medals received from Lieutenant-Governor Gore be reserved for non-commissioned officers, and to order 500 of an inferior size for privates, 50 gold medals for the present for general and field officers, of the value of three guineas each, and twelve medals of the value of five guineas each,’ and to cover the expense of all, \$5,000 were appropriated.

“Dr. Strachan in his evidence assigned as a reason for the non-distribution that ‘it was next to impossible for the directors to decide upon the number who should obtain medals, when the persons so returned and supposed worthy far exceeded the means of thus awarding distinctions to the meritorious.’ How can this be reconciled with the following facts?

“On May 1st the Society had on hand no less a sum than \$33,328 and a quantity of medals. The lists were made out and approved, and more medals were ordered, as related already.

“In 1817 it had money enough to give \$848.25 to a Society for the relief of strangers. In 1819 it received \$20,000 more, and yet the Society had not enough

means to reward the poor militiamen, and to redeem its pledge. Will anyone doubt that if the London subscribers had known that not a single militiaman had received a medal, they would have said, 'Reward the militia with the promised medals, and if anything is over you may give that to the Hospital'?

"Not enough means! Why, if the \$848.25 given to charity had been added to the \$5,500 already appropriated, there would have been money enough to give every one of the militia of the Province engaged in the war a silver medal of the same value as those defaced, and ninety officers a gold medal of the value of three guineas each, and still have a balance for manufacture and transport.

"The author of 'Explanations,' in his anxiety to find reasons, hits upon another one, which had never suggested itself from 1812 to 1840: 'It belongs to the Sovereign to confer that mark of honour for military services,' and yet we find H.R.H. the Duke of Kent patronizing a society whose object, as stated in the constitution, was to do that very thing.

"Only one reason can be found for defacing. The 'Explanation' says, 'that alone could ensure their not falling into unworthy hands.' Would this result not have been secured if Messrs. Sewell and Stennett, who bought them, had given guarantees, or even bonds, that they would not allow them to go out of their hands in their original condition? To my mind, the reason for defacing 'without delay' arose from the fear that if they were not defaced and rendered useless, there was a possibility that the poor militiamen might after all get them, and the Hospital be so much the loser. The Hospital was a most worthy object of

support, but it was a grievous wrong to appropriate the funds which were subscribed for an entirely different purpose, and so defraud the gallant militiamen of their well-earned ' marks of public approbation and distinction.' ”*

*From "The Mystery of the Medals," *University of Toronto Monthly*, of February, 1902, by James H. Richardson, M.D.

CHAPTER II.

YORK GENERAL HOSPITAL.

IN June, 1818, as has been recorded, steps were taken to establish a Hospital Reservation in the town of York. In September of the same year the Trustees, Honourable Chief Justice Powell, the Honourable James Baby and the Honourable and Reverend Doctor John Strachan were directed to lay out lots along the three sides of Hospital Square, which were bounded by streets (of sixty feet front by one hundred in depth) for building lots, to be given out on leases of twenty-one years, and on similar terms as those on which the marked lots were then leasing. The Trustees were directed to reserve two hundred feet in the middle front as an entrance to the interior part of the square where the Hospital was recommended to be built. The Committee of the Council which had been appointed to determine the best means of putting to immediate use the Hospital Reservation of York also informed the Trustees that six lots, each containing an acre, which had been set apart for French refugees, had since been resumed by the Government and were now set aside for Hospital purposes.

During the next year further provision was made, and in Council on October 15th, 1819, the following order was passed:

“ It is ordered that the lots of land on each side the road from the Town of York to the Don Bridge be granted in Trust to the Honourable William Dummer



BISHOP JOHN STRACHAN

(From the J. Ross Robertson Collection, 'Public Library, Toronto')

Powell, Chief Justice, the Honourable James Baby, and the Honourable and Reverend Doctor John Strachan, to sell, lease, or otherwise dispose of the same towards raising a revenue for the support of the Town and County Hospital in the Town of York. The proceeds to be paid into the hands of the person constituted Treasurer of the Hospital, to be expended under the sanction of the Governors thereof, and accounted for to the Executive Council of the Province annually when required.

“ (Signed) JOHN BEIKIE,

“ To Thomas Ridout, Esq., “ Conf. Clerk.

“ Surveyor General.”

In Council on June 25th, 1821, while the Hospital was being built on King Street, another quaint order went into force as follows:

“ The Trustees, under an Order in Council to sell certain lands reserved for a Hospital, respectfully submit to His Excellency in Council that in the map plotted by the Surveyor-General, a Street called George Street was laid out in the west extremity with lots on one side only, that these lots have each of them a front on other streets and that the proprietors of the land west of this street will benefit largely by the sacrifice thus made, as it appears to the Trustees, unnecessarily. It is therefore proposed for the consideration of His Excellency in Council, that nine small lots suitable for tradesmen's shops should be laid out on the west side of the said streets, so as to leave a passage of thirty feet width, a quite sufficient outlet to the inhabitants of the lot on George Street, the central street of the plot, and that the Trustees

should be ordered to sell the same at one hundred dollars to the proprietors of the adjacent lots, if required, and if not, by public sale to the highest bidder, with liberty, however, should they deem it advisable, to give one of the said nine lots as an indemnification to the proprietor of the houses built on the lots adjacent to the east side of the said streets.

“The Trustees further respectfully represent that under authority of an Order in Council they caused to be sold at Public Vendue certain lots parcel of the Park Reserve, upon conditions which do not appear to have been reduced to writing by the Auctioneer, that these conditions varied, one being for prompt payments of the whole purchase money on receipt of conveyance, the other to pay an advance of six per cent. on the nominal purchase and an annual interest on the whole until paid off.

“No payments having been made or tendered to the Trustees, no conveyance has as yet been made, and the bidders called upon to take up their titles refuse payment of the interest due.

“They decline this payment until the conveyance is perfected, and the Attorney-General informs the Clerk to the Trustees, that the conveyance must recognize the receipt or discharge of the interest due at the execution of the instrument.

“On this point the sanction of the Governor in Council is requisite to authorize any act of the Trustees.

“On the non-performance of the contracts at the sale by the highest bidder, it was questioned if on a notarial demand on the part of the Trustees the refusal by the Purchaser to fulfil his condition precedent to

the conveyance by the Trustees, or resale might not be had at the risque of the defaulter, but the written opinion of the Attorney-General against such a right, the Trustees must therefore receive the sanction of His Excellency in Council as also to a proposition of transfer of conveyance to any other but the highest bidder, or his heir or devisee.

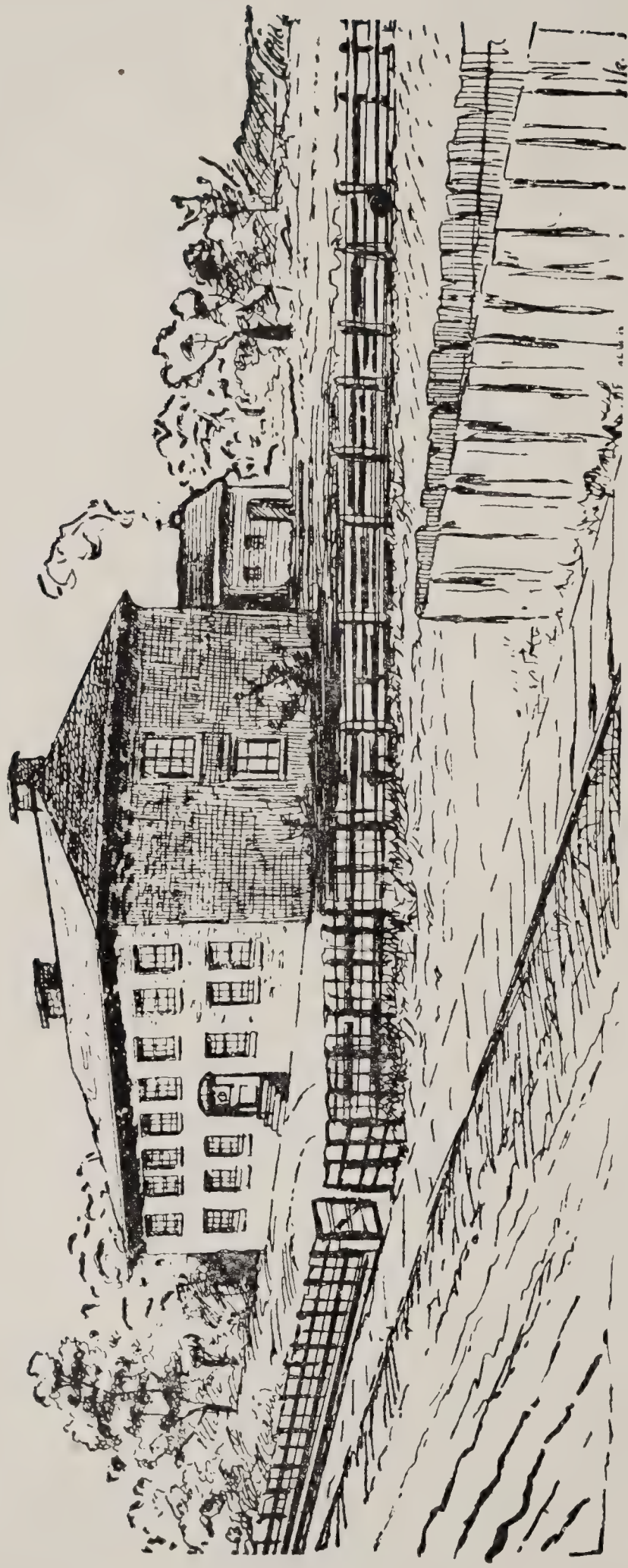
“It is ordered by His Excellency in Council that the Trustees be at liberty to sell and dispose of the nine lots in Richmond Street as represented, and that the conveyance to purchasers at the sale of the lot in King Street be made on payment of one year's interest up to this date.”

Apparently no information now exists regarding the actual building of the Hospital, but the work must have progressed but slowly, as in 1824 it was still unoccupied. This is confirmed by Dent, who in his Memorial Volume tells how on Christmas Eve of 1824 the Parliament Buildings, erected five years before, of which the inhabitants had become proud, were destroyed by fire. The General Hospital, which had been recently erected but not yet put to its intended use, was hastily fitted up for Legislative purposes and temporarily occupied by the Parliament. It was retained as a Legislative Chamber until 1829. It was unfortunate to have the Hospital descend to such uses, but justice was done somewhat later when a wing of the Legislative Assembly on Front Street became, for a short period, a lunatic asylum. Some occurrences in this historic building would suggest that the inmates occasionally escaped to other parts of the House, but history throws no light on this

theory, so it must be assumed that the aberrations sometimes shown by the legislators were what is so frequently termed temporary insanity, possibly dependent on unfortunate associations.

The Hospital, a spacious, plain, two-story red brick structure, standing precisely east and west and north and south, was erected at the south-east corner of the block bounded by King, Adelaide, John and Peter Streets. The main building was one hundred and seven feet long and sixty feet wide. It showed recessed galleries on the north and south sides and a flattish hipped roof. There were besides two other buildings attached at a later date for fever patients.

In Robertson's "Landmarks" there is a brief description of the Hospital, and a writer in 1850 says that "the site is pleasant and the rooms and halls spacious and airy. The number of patients in the Hospital may be said to generally average about one hundred. The internal arrangement is very complete and the patients, besides being well provided for with regard to dietary, have the benefit of the very best medical and surgical attention. This Hospital has acquired a deservedly high reputation, and is resorted to by invalids from all parts of Canada, and in some instances from the Lower Provinces and the United States. This institution is liberally endowed with the lands situated within the city limits, in addition to a yearly Parliamentary grant of 750 pounds. Persons labouring under all forms of disease are admissible into the Hospital on the order or recommendation of a Trustee or Medical Attendant. The resident Surgeon, Dr. Clark, lives in the building, as well as the steward, matron and nurses, of whom we are informed



YORK (TORONTO) GENERAL HOSPITAL

North-West Corner of King and John Streets

Erected in 1820 with funds supplied by the Loyal and Patriotic Society of Upper Canada. Occupied as temporary Parliament Buildings, 1825-28. Used as an Hospital, 1829-56, and from 1856-59 as Government Offices. It was then unoccupied for some years, demolished in 1862 and a row of red brick dwellings built. Later these were converted into the present (1913) Arlington Hotel.

(The picture is from J. Ross Robertson's "Landmarks of Toronto," Volume I.)

there are about one to every ten patients." The old King Street Hospital continued in use until the erection of the present Hospital on Gerrard Street, after which the building was torn down and nearly on its site was erected a row of brick dwelling-houses, which have since been united and converted into a hotel (the Arlington).

The old General was of red brick. When the building was removed many years ago, a portion of the bricks and part of the woodwork was used in the construction of the row of brick buildings which stood at the corner of King and John Streets. The row for a long time was known as the "Bridal Row," from the fact that during the first year of their completion nearly every one was occupied by newly-married couples.

If we turn to Dr. Thomas Rolph's (1836) description of the old Hospital, we learn that the bricks had sheltered in their time even greater rarities than a long series of newly-married couples. Dr. Rolph, who was, by the way, a thorough-going Tory who had little sympathy and no relationship with the other Dr. Rolph so closely identified in 1837 with William Lyon Mackenzie and the rebellion, and later with medical education and the Toronto General Hospital, wrote in a most interesting way of the West Indies and Canada. He says: "The Hospital is a large but heavy erection, but from the zeal and talent of the medical gentlemen who attend it, of inconceivable advantage to the country. There is in the Hospital a beautiful model of the new university, which is expected to be erected near this city; and a preparation

of singular value in its museum, more curious even than that living wonder, the Siamese Twins, two children with distinct heads and trunks, united together in the lower extremity."

From the York Almanac we learn that in 1822 the Trustees of what was described as the General Hospital of Upper Canada, no doubt so called because under the conditions imposed by the acceptance of the donation of the Loyal and Patriotic Society, it represented the whole Province, were: The Honourable the Chief Justice (the Honourable W. Dummer Powell), James Baby, Rev. Dr. Strachan, and William Claus, George Markland, John Henry Dunn, Samuel Smith, John Beverley Robinson, and William Allan, Esquires.

This list of names was not changed until 1826, when William Claus and Samuel Smith retired. The Hospital has always had associated with it the most prominent men in the community, and notwithstanding this fact, its difficulties in keeping the pot boiling have generally been pronounced, owing very largely to the willingness of the average person to allow a comparatively small proportion of the community to assume the burden of its charities. While it is true that in later years Toronto has opened its purse with commendable generosity, such has not always been the case, and there never has been a time when private charity has not had to contribute liberally to enable the Hospital to do its work.

As early as 1830, that is, almost as soon as the Hospital was opened, the Government of Upper Canada had to come to its relief, and on March 6th of that

year passed an Act stating that "whereas His Excellency (Sir John Colborne) has been pleased to put the building lately occupied by the Provincial Legislature into useful and beneficial operations as a public Hospital, wherein members of Your Majesty's sick, destitute and unfortunate subjects and emigrants in this Province have received medical and surgical assistance, be it enacted," etc.

This Act was very modest in its gift, and evidently the members of the Legislature did not wish to be guilty of extravagance, as their contribution amounted to the petty sum of one hundred pounds.

In 1831 a similar amount was granted, but in 1833 the grant reached five hundred pounds, and in 1839 another sum of five hundred pounds was voted.

From the foregoing it will be seen that the resources of the Hospital were very slender, and from information that has come to light it is more than plain that the annual grant of five hundred pounds was at first almost the only source of revenue. It is well that a dollar in 1835 had many times the purchasing power of the dollar of 1913. In 1841, for example, the whole receipts amounted to £834 5s. 6d., while the expenditure ran up to £1,520 11s. 6d., and almost every year found the Hospital with a heavy deficit. Evidently the situation became so serious that in 1845 the Government grant was raised to one thousand pounds. In spite of that and the addition of an amount of five hundred and fifty pounds from King's College, there was still a deficit at the end of the year, the expenditure having been raised to two thousand pounds. One cannot think that there was much extravagance, as

salaries were wretchedly inadequate, the Secretary receiving about forty pounds for his year's work; and surgical instruments and supplies costing, in 1845, the magnificent sum of fifteen pounds, which was reduced in 1846 to £5 5s. 6d. In 1847, one of the strenuous years, the account for medicine called for a payment of £7 14s. 9d., but if we are to believe all that was published the expenditure for alcoholic beverages, which was no doubt included under the heading of "contingencies," would have proved much more striking.

Possibly too much stress is laid on the difficulties of those who had to fight the battles of the past, but when some of the tragedies are briefly recorded we may easily understand how simple our problems are to those that had to be faced long ago. The horrors of cholera and typhus were encountered with credit and bravery at a time when ignorance made the tragedy a thousand times worse to meet than we can even imagine. Men and women were practically helpless in the presence of enemies they could not understand and could not fight with any degree of success, and yet they did not shirk the issue. All honour to them. The Hospital must have been overcrowded to an unpleasant degree, especially during the cholera and typhus years, but from Dr. Thomas Rolph's statistics we are able to form an estimate of the number cared for in an average year. The appended account of the Hospital transactions for the year 1835 will be found of interest.

The number of admissions for the year 1835, according to the annual return, commencing February 2nd, 1835, and ending February 1st, 1836, appears to be 530, with 45 remaining from preceding year.

Discharged cured	423
Discharged relieved	43
Discharged for irregularity	4
Discharged incurable	6
Deaths	39
(Out of which 7 died within the first 48 hours, of typhus fever).	
Remaining on the books	60

During that year no less than 1,800 outpatients received medical aid at the daily dispensary of the Institution, from 9 till 12 o'clock.

The Trustees at this time were the Honourable the Chief Justice, the Honourable and Venerable the Arch-deacon of York, the Honourable John H. Dunn, the Honourable G. H. Markland, the Honourable W. Allen, Christopher Widmer, Esq.; the Physicians and Surgeons were C. Widmer, Esq., John King, M.D., John Rolph, Esq., Robert Hornby, M.D.; Apothecary, F. Wilkinson; Steward, George Sinclair.

An outbreak of cholera in 1834 saw the Hospital meeting a gruesome situation. Dent says this deadly scourge had just swept over Europe, leaving terror and destruction in its wake wherever it went. It was imported into Canada in an emigrant vessel which arrived in Quebec, and it rapidly marched westward, carrying death and dismay into all the frontier settlements. A local writer has described its advent with a force which does not differ greatly from Defoe's account of the Great Plague of London. "We are informed that during the height of the panic many victims struck with this terrible disease were left without medical or any other assistance, and frequently cholera patients had to trust to the merciful attention

of strangers, or the few paid nurses, before they could be removed to the Hospital. Every twentieth inhabitant was swept away by this visitation. A few heroic men and women banded themselves together for the purpose of visiting the homes of the struck, and securing to them such assistance as was necessary. Frequently some of this noble band, among whom was the Mayor, might be seen placing the victims in the cholera carts and driving them to the Hospital."

The possibility of an outbreak of cholera was recognized in June, 1834, when anxiety and alarm were excited in Quebec by a report of cholera having made its appearance at the Quarantine Station at Grosse Isle. Slowly it worked its way west, and although many physicians were hopeful that the frequent deaths were not caused by cholera, by August it was generally admitted that this disease existed. It was then raging in Kingston as it no doubt had been in Toronto.

"The general health of our city is good, perhaps never better, with the exception of a few cases of cholera, which terminate fatally, perhaps more from previous neglect than anything else. It is greatly on the decrease, and from the time it has now been with us we may soon expect it to quit altogether; its sojourn in a place is generally understood to be about forty days; it has now been with us upwards of thirty days. It has not interrupted business for a single hour, nor called forth the slightest manifestation of panic, which triumph of good sense has saved many lives. We verily think that in 1832 the Press killed more on this continent than the cholera."—*Toronto "Patriot,"* August, 1834.

By August 14th the gravity of the situation was admitted.

“The health of the city, we lament to say, has never been so bad as it has been for the last fortnight. The cholera continued its ravages with unexampled mortality, and most of those who escaped its vengeance have been borne down by stress of weather, accompanied by some sickness or another. We never experienced such weather as last week, so sultry, so oppressive, so suffocating, that had it continued or increased we think it would have threatened destruction to the whole human family. The atmosphere heavy and lowering, the sky mostly obscured by motionless clouds, the lightning’s flash was weak, but the thunder rolled alternately with gentle growl and terrible peal, the rain fell mostly in light showers, but sometimes in torrents, yet all this never produced a breeze and only served to increase suffocation. Add to this the awful spectacle of cholera victims, some on carts, in white deal coffins, attended by only two or three poor friends, others in hearses, followed by a large train of respectable mourners, and the scene was gloomy in the extreme.”—*Toronto “Freeman.”*

Even the tragic situation was not without its humorous side, and the outrage complained of by the editor of the *Niagara Reporter* provokes a smile in this age when the tent treatment would be considered admirable. The anaphile was regarded as a nuisance rather than a carrier of disease at that date, and the night air was given credit for the destruction of the hundreds the mosquito was really responsible for.

“THE OUTRAGE OF CONSIGNING A MAN TO A TENT
ATTACKED WITH CHOLERA.

“A stranger attacked with illness and run into a tent, exposed to the damp of night and the cold winds both night and day! Humanity shudders at the thought. Who that saw his receptacle, but shuddered when they reflected, that even in a well enclosed and warm house, the piercing cold penetrated for several days, when a canvas tent above screened a sick man. Such conduct is trifling with the human family, and the lives of the public, and insulting to an omnipotent Being, who visits the human race with such destructive maladies. When it actually visits us, let us take all necessary precautions and patiently and humbly bear the visitation. We have much need to fear its power, but uncalled for alarm and excitement produce evil results and the canvas tent already pitched and shed erected are by no means calculated to allay apprehension.”—*Niagara “Reporter.”*

CHAPTER III.

EARLY TROUBLES.

EVEN a casual glance through the newspapers published during the early days of the Hospital's existence makes it plain that it was always in troubled waters. There is generally a disposition on the part of a certain element among the people to find fault with public institutions and their management without a knowledge of facts to be easily ascertained, if anyone will take the trouble to learn them. Then again, the jealousies of physicians have only too frequently accounted for statements quite unworthy of a profession that should always be highminded and above trivialities.

Whether these explanations will account for most of the accusations, it is clear that public criticism of the Hospital and its management was always freely made. The very fact that the members of the detested Family Compact were on the Board of Trustees was enough to stir up the suspicion of William Lyon Mackenzie, and he did not fail to give notice of his want of faith in the management.

In the celebrated Report of Grievances, 1835, on page 188, is to be found the following, in regard to Toronto Hospital:—

“ No. 64.

“ In reply to an address to His Excellency, reported to the House by this Committee, a very imperfect

account of the funds and property of this institution has been obtained.

“The statements made seem to indicate the necessity of a change in the system under which that institution has heretofore been managed. Unless its managers shall be made elective by proper bodies of the inhabitants of the City and Country, there is reason to fear that it will not prove of that utility to the public which its means otherwise indicate. The Report and documents appended are in the possession of the House and may be referred to.”

Determined efforts were made from time to time to extract from the Rev. John Strachan information that he did not feel inclined to give, and it is quite certain that those who undertook to cross-examine this very astute and self-possessed parson did not get the better of him. He was accustomed to giving hard knocks as well as to taking them, and his evidence before a committee was far from satisfactory to anyone but himself.

From Canniff's "History of the Medical Profession in Canada," we learn that during the year 1836, no little feeling existed on the part of a portion of the medical profession against the Medical Board and those who had the management of the General Hospital. To what extent this feeling had grounds of justification is uncertain. It culminated, however, in the calling of a public meeting of the profession. The meeting was called by this notice:

“A meeting of the Medical Profession of this city (Toronto) will take place at the Court House, 4th January, 1836, to consider the propriety of petitioning

the Lieutenant Governor upon subjects connected with the Hospital and the Medical Board."

The meeting was accordingly held. An account of the proceedings was published by the *Patriot*:

"MEDICAL EDUCATION.

"A meeting of the Medical Practitioners of the city of Toronto, pursuant to public advertisement, was held at the Court House, on the 14th inst. (January, 1836), when the following resolutions were unanimously adopted:—

"I. Resolved,—That it is the opinion of this meeting that no institution has been devised better calculated to lighten the afflictions of the poorer portion of society labouring under disease, or suffering from accident, than a hospital constituted on wise and liberal principles and conducted by an adequate number of skilful practitioners.

"II. Resolved,—It being a subject of general notoriety that there exists in the minds of the poorer classes in all countries, a prejudice against such institutions, that it is the opinion of this meeting that this prejudice, partly natural, arises principally from an ill-grounded apprehension that medical men requite themselves for unpaid services by the extensive field of experimental practice thus opened to them, remote from the observation of the public and of the friends and relations of the patient.

"III. Resolved,—That it is of the utmost importance to remove this prejudice, as far as may be, and that it appears to this meeting that nothing is better adapted to this end than the precautions of such institutions at home, viz., appointing particular days in

the week for important operations that admit of delay, when medical men and their pupils, and all persons interested, are at liberty to attend, publishing periodically full statements of the number of persons admitted, their ailments, recovery or death, etc., and generally by affording to visitors such easy access to the wards as is consistent with the comfort and accommodation of the patients.

“IV. Resolved,—That it is the opinion of this meeting that over the hospital of this city a veil of obscurity impends, which it is highly advantageous to have removed. No appointed days invite the attendance of medical men in connection with the institution, no published reports inform the public of the number of those who have been restored to their friends, cured of their diseases, or healed of their infirmities; the passing bier alone affords a melancholy proof that the institution still exists in active operation.

“V. Resolved,—That a respectful application be made to the Lieutenant-Governor of this Province, requesting information upon the following points: The Original Constitution of the Hospital, the number and mode of election of the medical attendants, whether there exists a Board of Control. If so, of whom composed; whether a periodical statement of patients admitted, their ailments, treatment, recovery or death, is submitted to the Lieutenant-Governor or any Board authorized to receive or demand such a statement.

“VI. Resolved,—That it is the opinion of this meeting that the Medical Board of this city, consisting as it does, for the most part, of members who, from the remoteness of their residences and being devoted to

other pursuits, cannot attend to the important duties intrusted to them.

“VII. Resolved,—That it is contrary to the practice in other countries and manifestly inexpedient, that two or three medical practitioners holding their inquisition in utter darkness should have from year to year the power of pronouncing without appeal on the professional merit of their own pupils, or those of others with whom they may possibly be at variance.

“VII. Resolved,—That a respectful petition be presented to the Lieutenant-Governor, praying him to introduce such changes into the constitution of the Medical Board as may seem to His Excellency best calculated to restore to it the confidence of the medical men of this country, and of those who are to submit to their decision their future prospects in life.

“IX. Resolved,—That an immediate application be made to the Provincial Legislature to extend to the Licentiates of the Colleges of Surgeons of Dublin, Edinburgh and Glasgow, those privileges which they have already conceded to that of London, making thereby an invidious distinction insulting to those colleges, and to the countries to which they belong.”

The result of this meeting does not seem to have led to many changes, and the suspicion exists that professional jealousies were at the bottom of the charges.

In October, 1843, a Medical Committee endeavoured to establish a medical school in connection with the University of King's College, and in January, 1844, the introductory lecture was delivered by Dr. Herrick.

Dr. Widmer, Chairman of the Board of Trustees of the Toronto Hospital, made an offer to surrender the

whole of the upper flat of the Hospital to the Medical Faculty of the University for their exclusive use, on the following conditions:—

“1st. One hundred pounds to be paid to the Trustees to furnish additional equipment.

“2nd. Three shillings per diem to be paid monthly for each patient in the Medical Faculty.

“3rd. A list of the Medical Faculty to be furnished to the Trustees, that they may be individually appointed by them to the offices as medical attendants of the Hospital.

“4th. That the members of the Medical Faculty be subject to the rules and regulations at present in force regarding the general economy of the Hospital,” etc.

“The Council, after much deliberation on this matter, regret that they cannot accede to the proposition.”

Evidently the Medical Faculty did not feel that they could stand the financial strain that would have been imposed on them by the conditions laid down by the Trustees.

Trinity College Medical School was established in 1850, and evidently students of both schools were obliged to put in six months hospital attendance.

At that time Drs. King, Widmer and O'Brien were Trustees; Dr. E. Clark was Superintendent, and the attending physicians were Drs. King, Telfer, O'Brien, Herrick and Beaumont. Already there was intense rivalry between the two schools of medicine—the University of Toronto (formerly King's College) and the Toronto School of Medicine.

Party feeling ran high, and the following editorial from the *Mirror* of September 10th, 1847, is similar



DR. EDWARD CLARKE
First Superintendent, York General Hospital, 1829

to others appearing at this period. It shows not only the rancour of controversy as carried on, but the bitterness against the Hospital.

“Two in one Coffin.—Our city readers are no doubt aware of the great noise which was, a few weeks back, made about the upsetting of one of the hearses employed in the carriage of bodies of the dead from the hospital to the cemetery.

“We deemed it proper to take no notice in our columns of the occurrence, because we were anxious to prevent the evil effects upon the public mind which the circulation of such a rumour at that time might have. Our contemporaries thought fit to pursue a different course; and some of them evinced a good deal more of sectarian rancour than of sound discretion in their editorial comments.

“It was quite manifest from the tenour of their strictures, that had the proprietor of the hearse in question been of a different religious denomination, very little would have been said about the matter. ‘Ryan’ and ‘Ryan’s Hearse’ seemed to have become their stereotyped raw-head-and-bloody-bones. One would almost have imagined that Ryan’s Hearse was the white horse of the Book of Revelation and the driver was a death’s-head and cross-bones. Two bodies had been found in one coffin. *Mirabile dictu*. But who put the bodies there? Answer that, ye men of the quill. The most searching enquiry failed to identify Mr. Ryan as any participant in the act. Well, what has since come to light? Why, just this—nearly three hundred patients less in the hospital than Mr. Toby Townsend’s daily bulletins have recorded, and Mr. Caist Townsend in his cab every morning

visited the hospital, and brought to the City Hall to our bepraised Board of Health the hospital returns. Three hundred patients *non inventi swampibus*. Not in the sheds. Where then? In the shades? Oh, no. Only absquatulated. They were teetotallers and could not swallow their share of the wine and brandy and so made tracks. Very like a whale—dead, wounded and missing. Such are the three items of all battle-field returns. Mr. Townsend ‘visited’ the hospital. No doubt counted beds, but forgot to search for bodies. Three hundred unaccounted for. Where are they? Echo answers, Where? They left the hospital ‘of their own accord.’ Fortunate mortals. Of their own accord. That is, we suppose, not against their own accord. Verily we doubt that Mr. Ryan has been more sinned against than sinning. The truth is that there has been infinitely too much brandy disposed of about the hospital. We question very much whether the deadhouse orderlies have been exactly able to tell how many candles were burning when they were about their work.

“Three hundred unaccounted for. Who met them alive, that is, had not Mr. Ryan’s horse taken fright we might have been in the dark, but two in a coffin, reader, two-in-a-coffin! A most happy thought! Come back, ye three hundred, and show yourselves in body. The sapient *Colonist*, the figurehead of the glorious Board of Health, not long since stated that 84 deaths per week were equal to an average mortality of one-half per cent. The *Colonist* calculates from the tables of Peter McDougal, which, all our readers know, called twopence the selling price for one penny cost, one per cent. profit. One-half per cent. Well, well!

Eighty-four deaths in one week out of about 500 patients. An average mortality of one-half per cent. Great man, this *Colonist*. Sharp nosed gentleman! Smelled 'Ryan's hearse' in Ryan's yard one night. He ought to be set to scent out the three hundred.

"About two thousand patients have been admitted into the hospital since the commencement of the season, and of this number about five hundred are returned as dead. Five hundred are yet under brandy and wine. Three hundred are in John H. Dunn's house and stables convalescing, that is, coming back to the shades at the rate of thirty per week. This is a beautiful 'one-half per cent.' About two thousand gallons of wine and brandy have been drunk to the health of the patients, not forgetting absent friends.

"All of this is called care of the sick emigrants. *Quousque tandem*. Would cold water—could cold water—have floated off an equal number? But they are emigrants—only emigrants, therefore it is proper to forward them on their voyage. They are Irish, only Irish.

"Mr. Hawke, we are told, has been sent on a mission of inspection—to count heads, we suppose. It was high time to send someone. Why not, Mr. Hawke, stop the supplies of brandy and wine? Why not ascertain whether the nurses ever make mistakes and drink the patients' allowance? But no,—pray, Mr. Hawke, get all the wine and brandy drunk by 'deputy,' and if the deaths are not less we will forfeit a dollar a head for the surplus number.

"Every patient on an average, we venture to bet, had an allowance of one gallon of wine per head. If the Board of Health says no, we challenge the Board

to exhibit the wine grocer's account. The acknowledged deaths are 22½ per cent. We challenge the Hospital Faculty to prove that cold water and Providence could have beaten this, and eight hundred are yet in the sheds and stables. What a beautiful one-half per cent! This is not, however, a matter of jocosity. It is a serious matter, and calls for serious consideration. Let the Hospital Faculty satisfy us that their line of treatment has been proper, that it has been in accordance with the true principles of modern medical science and we shall be content. One-half the cases admitted into the hospital have been simple, mild cases, which would have recovered under simple, mild treatment. Why should the remainder under wine and brandy be now in the graveyards? And why should eight hundred out of two thousand be still in jeopardy? Is medicine really but a humbug and the Faculty but a league of charlatans?"

The following extract from the *Patriot* of September, 1849, illustrates another phase of criticism. Comment on this is not called for:

"We may be permitted here to notice the Toronto Hospital, and in reference to it, the very mischievous effects arising from the Emigrant Shed being permitted to remain, perhaps at all, perhaps without more extended accommodation. At all events, as it is, numerous (we do not say some, but numerous) cases of fever, a large proportion being regular typhus, have been removed from the shed to the hospital. Most of these on recovery had no place to return but this same shed. As might have been expected, after some days they had to be received into the hospital again, labouring under the same disease. Several cases have in this

way been taken into the hospital four successive times, and not merely a few individuals, but whole families have been thus repeatedly in the hospital. Sometimes some of a family go out to look for work while the rest remain in the shed and subsist by begging, and the shed also serves as a shelter for many whose whole object is to exist by this demoralizing mode of subsistence. If this shed were not in existence, these parties would mostly be compelled to proceed into the country, and after some wanderings would almost to a certainty fall into some work, and thus cease at least to be a burden on society. It may seem harsh, but we cannot doubt that had the fire that consumed one shed not long ago extended to the rest, a vast amount of individual suffering and public loss would have been saved. In regard to the Toronto Hospital, we understand that the number in it for some time past varied 100 to 110 or perhaps more, the great majority of them being emigrants. When it is remembered that the funds belonging to this establishment are so small that to accommodate even eighty patients an annual grant of £1,000 would be requisite, it will be obvious that under present circumstances, the grant being only £750, the Trustees are risking the rapid expenditure of the capital, but what can they do? We trust that whatever banner may rule the roost the claims of this institution will not be forgotten. We cannot here forego the pleasure of testifying to the excellent interior management of this establishment, to which, after giving due praise to the Trustees and visiting Medical Officers, it is common justice to allude, as reflecting the highest credit on the resident Medical Officer, Dr. Edward Clark."

The *Mirror*, always skeptical, at once replied to this editorial, saying, among other things: "The *Patriot's* remarks upon the state of the Toronto Hospital funds are very just and we could have wished that he had gone much more at length on the subject. It is too bad that an institution such as this, which has been founded for the relief of suffering humanity, should be kept in a state of comparative penury, whilst we find the country sustaining an extravagant civil list, and all the officials, whether in the Provincial Public Service or in that of our Municipalities, groaning beneath the weight of extravagant salaries. We might begin with that of the Governor himself, and cut from it sufficient to endow half the hospitals of the Province. It might not be a very unjust arrangement, and we are sure it would be a popular one, to strike about one-third off the whole of the public salaries of the country, both Provincial and Municipal, and apply the first year's proceeds to the founding of General Hospitals, those of the second year to Houses of Industry and other asylums for the relief of indigence and infirmity, including, of course, superannuated improvident politicians and officials, those of the third year to the erection of poor-schools; and thus we might proceed, diverting into useful and benevolent channels all that superfluous fat, which at the present time proves so detrimental to both personal and public health. If the *Patriot* will come out with some tangible project of this sort, we promise him our most cordial support, and after getting through with this work, we shall invite him to an evening stroll amongst the Clergy Reserves and Rectories, in order that we may discover whether it would

be better to apply these to the benefit of the whole sheep rather than to the fattening of a few of the shepherds, spoiling their wind and rendering them unfit for mountain duty."

In the early days public institutions did not possess the confidence now so universally reposed in them, and both the Lunatic Asylum and General Hospital came in for their share of hard knocks. In those times newspaper criticisms could not be called gentle, and what at present would be termed a savage attack would not have been a ripple on the surface then. Some of the onslaughts made, even in such dignified papers as the *Globe*, were heartlessly unfair and cruel and the treatment accorded the broad-minded and accomplished humanitarian, Dr. Joseph Workman, was, to classify it mildly, brutal. Fortunately for him, his pen was mightier than a sword, and his inkwell filled with a vitriolic fluid acid enough to eat through the hide of the most pachydermatous editor extant. It goes without saying that time justified this eminent man. While he at the Lunatic Asylum suffered, the Toronto General Hospital did not go scot free, and in 1855 a lengthy investigation took place into certain grave charges made against the management by a "Medical Student" in the *Colonist* of March 24th, 1855. On the 27th of the month the Trustees held an investigation in the Board Room of the present Hospital. If it were not that the whole investigation threw, indirectly, such a sidelight on the crudities of that time, it would be well to pass by this tempest in a teapot, where eminent men were the actors, and the stage an institution equipped to meet the wants of the profession of the day. Indirectly, too, it exposed

the jealousies of two medical factions, with Trinity School on the one side and Toronto School (the Rolph School) on the other. The charges made were of a somewhat general and unpleasant nature, attacking the character of the institution and those who cared for it. In reply was a letter signed "Veritas," endorsed by nineteen students whose names were given in full and who classified the letter of "Medical Student," a "tissue of falsehoods."

The most particular charge brought against the Superintendent, Dr. Clark, was that he refused to allow a negro to have his teeth extracted. It was not a case of the colour line being drawn, but rather a question of general principle. It was considered a grave misdemeanour to force a poor man to go to a dentist, and a correspondent asks in horror, "Is the fact to go abroad that in the Toronto General Hospital a poor man cannot have a tooth extracted?"

The Trustees present were Honourable Dr. Widmer, James Beaty, Esq., and J. G. Bowes, Esq. Sheriff Jarvis insisted on taking the chair, much against the wish of the others.

Several accusations were gone into, one that the woman in charge of the male patients was guilty of coarseness, insolence and rude treatment, with a suspicion of alcoholism thrown in. She had also declared that she would be the death of a patient who was admitted against her will. The charge, too, was preferred, that a student visiting this Hospital was simply wasting his time. The maker of the accusation was found to be a young man who had not even paid for his Hospital ticket and attended but rarely; however, the investigation was gone on with. One of the first

questions coming up was in relation to the proper treatment of a patient who had syncope after being bled. A student bled a man, who fainted, and after the operation he held him up in his arms. The Superintendent directed the student to put the patient on the floor. An attendant then came forward with a pail of cold water, which he threw over the unconscious man, and when he was roused, put him outside in the open air. Dr. Carter, a witness, insisted that this was the only proper treatment.

Dr. Philbrick, who seems to have been something of a character, appeared as a voluntary witness, and although he was sick, had a few remarks to make. "For the last three years he had been a visitor to the Hospital, and as he had a standing second to no man in his profession on this continent, therefore, claimed a right to state his opinion." He became so excited that he was requested to leave the room.

Dr. James H. Richardson, afterwards the celebrated anatomist and surgeon, handled the complaining student without mercy, and showed all the vigour which characterized his every word and act in after life. It was shown, or attempted to be shown, that the water thrown was not administered in a "Christian spirit," but rather as a restorative, and as such was justifiable and advisable.

It was asserted, too, that Dr. Clark had been disloyal to the Trustees, and had stated that while he did his best to keep the place clean they (the Trustees) would not do their duty. There was not a single bath in the institution. If a medical man wanted a bath he could not get it. The patients could not get a bath unless they were moved down to the cellar, and

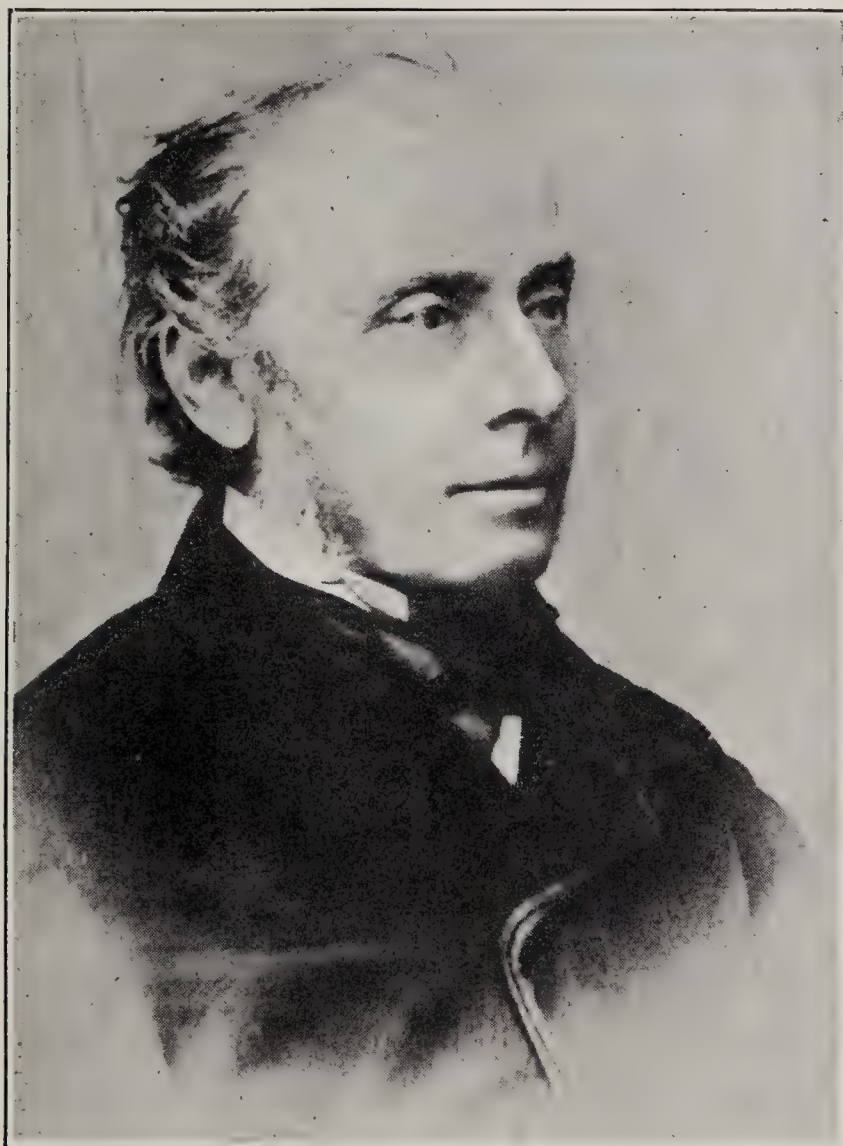
then turned out the washerwoman and took one of her tubs.

We find Hodder, Bovell, Beaumont, Ogden T. Aikins, H. H. Wright and Richardson, all famous men eventually, taking part in the controversy, which was only too plainly a school faction fight where petty jealousies were to the fore. The younger men, Wright and Aikins, handled themselves with discretion and marked ability, and the whole discussion revealed a state of affairs hardly in line with the modern requirements of a hospital. Cleanliness was certainly not considered next to godliness at that date.

The Superintendent, Dr. Clark, seems to have been a man of kindly disposition with many of the faults of a convivial age. His replies to some of the interrogations are at least honest and to the point. In reply to the accusation that he favoured Trinity School he replied: "I will always support Trinity College, because it was my Alma Mater in the old country, and more than that, it is a college founded on the religion I profess, the Established Church of England, and I am not ashamed to confess my partiality for that church."

"Mr. Bowes: I don't think that because Trinity College is founded upon the religion you profess, that therefore you should show any partiality in this institute."

"Dr. Clark (warmly): That is another thing, sir. I consider the Medical Staff of Trinity College the most efficient in Upper Canada. I consider it the most perfect staff in Upper Canada, for this reason: every chair is filled by a professor who is admitted by the students of all schools to be an able man."



WILLIAM RAWLINGS BEAUMONT, F.R.C.S.,
ENGLAND

It was evident all through that the Rolph star was not in the ascendant in the Toronto General Hospital at that particular moment, and certain surgeons received more than their share of the operations. Dr. H. H. Wright was evidently the hardest-headed of the witnesses and scored in a clever way, both on management and school. Incidentally it came out that the Trustees took part in the details of management to such an extent that heartburnings resulted, they going so far as to prohibit the purchase of leeches on account of the cost. All that resulted from the investigation was a revelation of the fact that the Toronto General Hospital was just what was inevitable under the circumstances. Burdened by expense, without proper resources and struggling to keep up with the demands of medical education, it simply did its best without facilities to accomplish what was expected. In spite of it all magnificent work was being done, as those who knew the medical heroes of that age can say.

It is doubtful if the present time can develop physicians of the high rank of some of the old-time worthies, who, unaided by the physical aids and laboratory equipment of to-day, had to arrive at their conclusions by analytical methods, requiring the most subtle kinds of reasoning and analysis. Many of them were men of broad education and culture to begin with, and their success was achieved in spite of difficulties which were apparently insuperable.

CHAPTER IV.

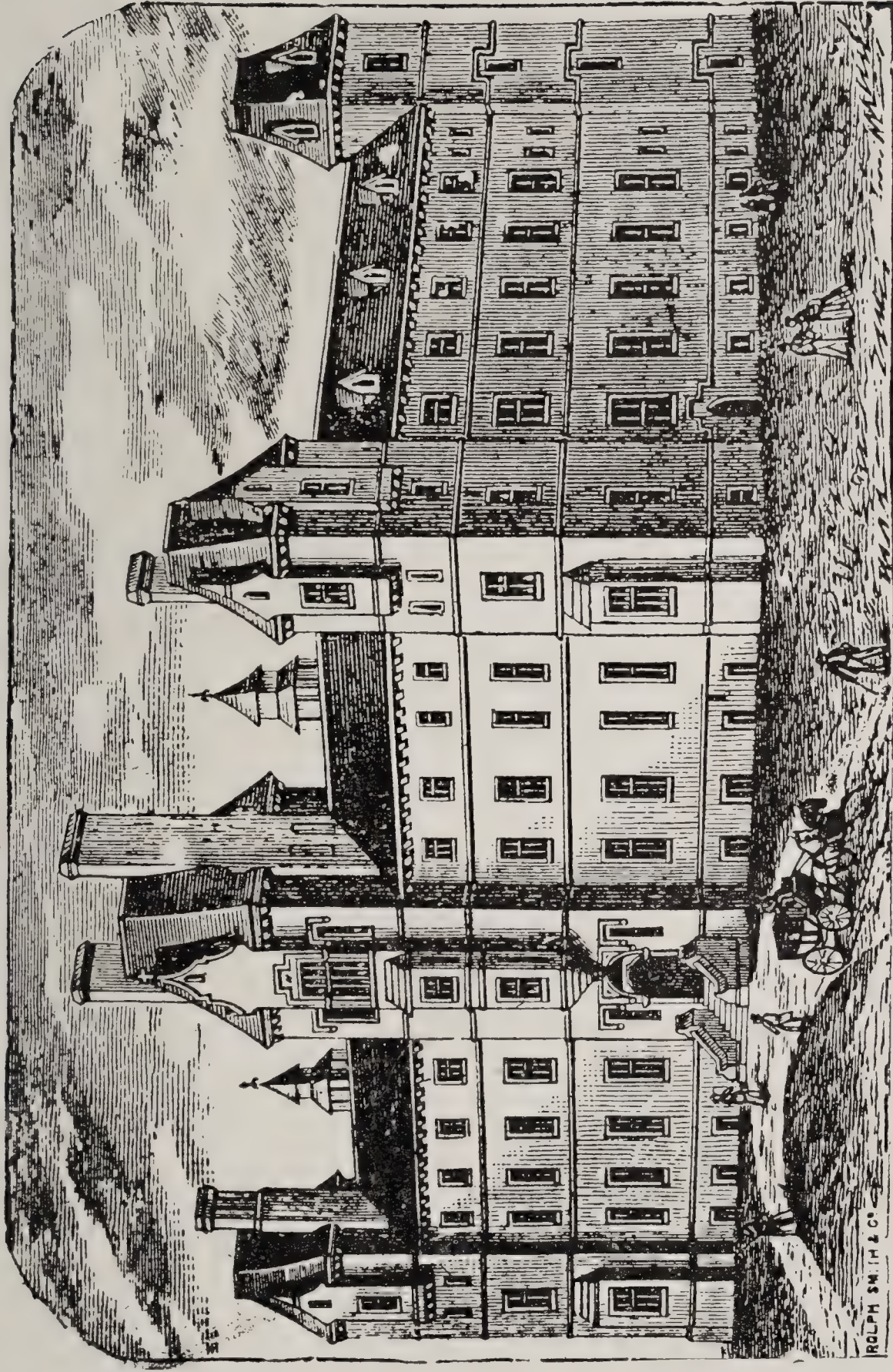
THE GERRARD STREET HOSPITAL.

IN 1853 an agitation for the building of a new Hospital took practical shape. It is said that the land about Hospital Square had become so valuable that the Trustees resolved to erect a more commodious building in a less frequented part of the town. As will be seen, there was a decided difference of opinion about that.

At all events, in August 1853, the Hospital Trust decided to abandon the old York Hospital, and selected a site on some of their land near Parliament Street. From the *Leader* we learn that "the site selected for the new Hospital covers some seven acres east of Parliament Street, and being already the property of the Hospital Trust, will be at once fenced and otherwise prepared for building operations." As a matter of fact, work was not begun until next spring.

On September 13th, 1853, the Trustees at a full meeting resolved that the new Hospital should be erected on the block in the Park Reserve, bounded on the north by Spruce Street, south by Don Street (now Gerrard), east by Sumach Street, and west by Pine Street.

A few weeks before this date the York Hospital grounds were offered for sale on perpetual lease, fifty-two years in the first instance, and renewable every twenty-one years after. As was said in the advertisement, "the removal of the Hospital will render the



TORONTO GENERAL HOSPITAL—ORIGINAL HOSPITAL, 1854-1878

(From an old print)

lots now offered highly valuable for building purposes. They have, too, this additional advantage, that they are laid out in such a way to ensure great depth, and consequently, room for gardens in rear of the house."

The lease of the York Hospital grounds took place by public auction on September 14th, 1853. All of the lots offered, except two, were disposed of. The block in which the Hospital stood was not included in the lots leased. It is evident from the prices realized that boom days had not yet struck Toronto.

"The lots on King Street, 144 feet 9 inches deep, fetched from 3s. 6d. to 8s. per foot. The prices were: 13s. 6d., 11s. 3d., 9s. 6d., 8s. 9d., 8s. 6d., 9s., 12s. 6d., 11s. 9d., 9s., 8s. 9d., 8s. 3d., 8s. 9d. On Peter Street, where the lots were 132 feet deep, the following prices were realized: 6s. 9d., 7s., 7s., 7s. 9d., 7s. 9d. On the new street without a name, running north and south through the property, the lots, 132 feet deep, sold for 7s. 6d. all round. The sum realized represents a capital of between £10,000 and £11,000."

As was to be expected, the removal of the Hospital to the eastern part of the city did not satisfy everyone, and a very unpleasant controversy arose. The following editorial is interesting reading, as it throws so many sidelights on the troubles of the times. The reference to the pollution of the Bay shows that sixty years ago the evils of contaminated water were recognized.

That medical cliques, of which so much was heard at subsequent periods, had from the very first existed, is made plain by an announcement in the *Leader* of August 10th, 1853:

“ Our readers are aware that the site chosen for the new Hospital lies a little east of Parliament Street and north of the Don and Danforth Road. The situation is elevated far above the Bay, and the extent of the ground attached, several acres, secures the new building from the injurious effects of overcrowding, and gives it all the advantages which are to be derived from an airy and unconfined position. The selection of this site has met the general approbation of the public, but it does not meet the views or chime in with the ideas of the *Upper Canada Journal*, a medical publication, which, on its own confession, is to-day the organ of one section of the medical profession and to-morrow the mouthpiece of another. As to the position of the *Journal*, the editor makes this confession. When the *Journal* was the organ of Trinity College, it was freely supported and largely extolled by them, but as soon as it ceased to be under the control of the professors of the medical department of that institution, it is discarded and opposed. Why the unfortunate *Journal* was discarded and opposed by those who recently controlled it we are not informed, but we have the confession that it speaks for this or that section of the medical profession, and not for the great public. Having thus fixed the true position of the *Journal* the public will be better able to appreciate the opinions it may utter, or the schemes it may propound.

“ The *Journal* objects to the site selected for the new Hospital, and supports this objection by reasons the most whimsical and extraordinary. In the first place, it is too far from the west end of the city, as if the west were not equally distant from the east. The

situation of the old Hospital was never objected to because it was located at the extreme west end of the city, and none of the terrible results which the *Journal* conjures up as certain to flow from its future location at the east, have been realized on account of the distance at the west. But the *Journal* brings against the new site an objection, which, if well founded, would be still more powerful; the allegation is made that the ague has prevailed almost universally during the past summer in that neighbourhood. This statement is distinctly made and can be distinctly met. Of the prevalence of ague in the city during the autumn, few need to be informed, for most persons have heard, seen, or felt something of it, but the statement of the *Journal*, which goes to confine its range to the eastern part of the city, is at once invidious and untrue. If the editor of the *Journal* will make a reference to the number of applicants for a remedy for ague at the Toronto Hospital, he will find that the western and central portions have supplied as many cases, in proportion to the quality of the inhabitants, as the eastern.

“The latter population, as one knows, is composed of the labouring class, which is miserably housed, or rather, huddled, in tenements pervious to the night air, and in a constant state of dampness, and the reader does not need to be told that the habits of this class render them more susceptible of receiving and being affected by the poison of ague, from their want of that scrupulous attention to cleanliness, which is so great a preservative of health, and their more general addiction to intemperance. When the *Journal* drew such terrible pictures of the effects to be dreaded from

the *miasmata* of the neighbourhood of the Don, it showed a strange forgetfulness of the condition of the bay in front of the city.

“It is hardly short of a miracle that so little disease occurs in the central portions of the city, when it is considered what a deposit of filth rests in the waters of the bay, and that the disgusting mixture is constantly agitated, during the warm season, by the action of the steam paddles, which rake up the deposits of preceding days, and by exposing them to the air, produces a most fertile source of menace. The delicious mixture of feculent matter and bay water is served up through pipes and distributed through the city to be swallowed by the citizens.

“The *Journal* admits that the situation of the new Hospital grounds is comparatively a high one, and afterwards lays it down as an ascertained fact that a situation immediately on a level with the marsh would experience the most intense influence of the poison, and that a more elevated position would not be so likely to suffer. If this be true, then the new Hospital grounds are more secure from *miasmata* than King Street, inasmuch as they are elevated far above the level of King Street or any other densely settled portions of the city.

“The next objection raised is that the proposed location of the Toronto General Hospital would render it extremely inconvenient for medical students to attend, and that those of Trinity College would, in consequence, suffer the positive injustice of ‘almost’ being prevented from attending the medical classes of the Hospital. Now we can assure the *Journal* that this solicitude for the medical students of Trinity

College is quite uncalled for. The editor of that publication ought to be aware, and doubtless is aware, that the medical lectures of Trinity College are not now, nor are they in future intended to be, delivered in the College buildings. At present a house on Spadina Avenue is occupied by the class of Trinity College. The building is unsuited for the purpose, and we learn that it is intended to vacate it and obtain another in a suitable location, when the new Hospital has been erected. The anxiety of the *Journal* on this point may therefore be relieved.

“We beg to assure our medical contemporary that the Trustees of the Toronto General Hospital will not, at its dictation, reconsider their determination respecting the site of the new building, and that all our contemporary’s efforts to that end will prove unavailing. It may be, as the *Journal* suggests, that there are many other sites in the city that would serve for a General Hospital, but it is the business of the Trustees to have a due regard to economy in their movements. If the rents of the Hospital bring over 800 pounds a year, the change is in fact so much gain to the revenue of the trust, for the grounds now selected for a site have hitherto yielded no revenue whatever.

“The *Journal* branches out into other topics not at all relevant to the main point in issue in the selection of the site for the new Hospital.

“An union of all the Medical Schools in Toronto is recommended. As this would be a matter of purely private arrangement, the public will feel little concern regarding it, but when the suggestion of amalgamation is put forward as a preliminary to an union between

the Medical Schools and the Hospital, there is reason to fear that the jealousies, the suspicions and the prejudice of the public would be aroused. There exists in most minds a morbid idea of horror at the prospect of having their own bodies or those of their friends submitted to the dissecting-knife, and an open and arrived union between a Medical School and the General Hospital would be apt to be regarded as placing the dissecting-knife in too close familiarity with the bodies of patients who might die in the institution."—*Leader*, Nov. 16th, 1853.

"Toronto General Hospital.—Under the new act of last session, this institution is placed entirely under new management. The new Board of Trustees has appointed eight visiting physicians. It has hitherto been a subject of general and just complaint, that the medical schools in the city were not represented at the Hospital, but that the visiting physicians were too much the representatives of a clique, for there are cliques in medicine as well as in everything else. The present Board of Trustees has adopted the intelligible principle of giving the different medical schools in the city that representation at the Hospital which they had not heretofore obtained. To each medical school two representatives have been assigned, and the two remaining visiting physicians may be said to represent the public generally. The appointments are: For the Toronto School of Medicine, Drs. Aikins and Wright, and for Trinity College Medical School, Drs. Bovell and Hodder. Although the Medical Faculty no longer exists in Toronto University, it has been demi-officially announced that the late Medical Professors in that institution intend to establish an inde-

pendent Medical School, and it was therefore thought proper not to leave them unrepresented in the Hospital. Drs. Herrick and Beaumont were accordingly appointed visiting physicians. The remaining two who represent no Medical School are Drs. Widmer and Telfer, who were appointed on account of their being the oldest practitioners in the city.”—*Leader*, August 10th, 1853.

Dr. Clark was reappointed Resident Surgeon and Physician. The following appointments were also made: Mr. J. MacKenzie, Steward; Mrs. Margaret Roden, Matron; Mr. Brent, Secretary, and Mr. J. Gamble, Solicitor.

The Trustees of the Toronto General Hospital were constituted an incorporated body by an Act of the Legislature passed in 1847. At this time the Board consisted of seven members, viz., the Hon. C. Widmer, M.D., the Mayor, the President of the Board of Trade, Clarke Gamble, Q.C., the Rev. H. J. Grasett, M.A., and Doctors John King and Lucius O'Brien.

In 1854 cholera again made its appearance in Toronto, but the outbreak was of such a mild character that most of the patients were sent to the General Hospital, where they were treated.

As is generally known, the quarrel of the medical schools continued to rage, and on January 31st, 1855, a bitter editorial appeared in the *Leader* suggesting that it might not be bad policy to do away with students from all schools. Drs. Aikins and Wright were removed from the Hospital staff, but evidently were restored to favour, to become among the most brilliant of the attendants there, no small praise in view of the

eminence of many of their predecessors and contemporaries.

In 1855, Toronto was a city of forty-five thousand people, with some thirty-six practising physicians. It is evident that nearly all could have been placed on the staff of the Hospital had it been so desired, and no doubt those who were overlooked felt pangs of jealousy.

In 1854 the central portion of the Gerrard Street Hospital was erected after a plan drawn by Mr. William Hay. Its design was copied from a Hospital in Scotland, and funds for its erection were raised in part by the issue of debentures amounting to about \$60,000.

The Hospital continued in operation until 1868, but its finances were always so embarrassed that it could not carry on its work with success. So hopeless did the situation become in 1868, that, on the first of August of that year, its doors were closed to patients. At this time the Roman Catholic Church, headed by the late Archbishop Lynch, proposed to take over the management of the institution on the condition of being placed in possession of its property, but this was strenuously opposed by the citizens in general, and finally, through the aid of a small grant made by the city of Toronto, the more pressing liabilities were discharged and the Hospital reopened in 1869.

This condition of affairs excited a good deal of attention, and the City Council was appealed to for regular help, but in vain; the aldermen were not to be beguiled into supporting the institution, as they evidently were of the opinion that private charity should do what the original endowment had failed to accom-



TORONTO GENERAL HOSPITAL, GERRARD STREET, 1855-1913

plish. It is quite true that the endowment was a princely one measured by the standards of 1912, and that the Trustees had to part with a single acre of their property is greatly to be regretted, and yet they could not very well do otherwise.

The appeal to the hard-hearted City Fathers having failed, the condition of affairs was brought to the notice of the local Legislature, with the result that the management of the institution was changed, and instead of a directorate composed of three Government Trustees, one member of the Board of Trade and one of the City Council, the welfare of the Hospital was confided to a Board of Trustees of five members, made up of three Government Trustees, the Mayor of Toronto, and a member elected by the subscribers to the Hospital funds. Assisted by the provisions of a Provincial Act of Parliament, through which such institutions receive aid in proportion to the extent of improvements carried out, the management put the affairs of the institution on a better basis, so an early writer states. At all events the spirit of hope, which always dominates the really enthusiastic Trustee, evinced itself, and in August, 1869, the doors were once more open to patients.

It was evident that the Hospital was badly in need of repairs, and the new directorate found plenty of problems which required immediate attention; floors had settled, the wood of the galleries had decayed from wet and lack of paint, the roofs leaked and the primitive drains were in bad condition. Only the pressing necessities could be attended to, but in 1875, Mr. Erland Erlandson, of Port Hope, a gentleman well known in Hudson's Bay affairs, left a much-needed

\$10,000 to the Hospital, and Mr. Gentle, of Montreal, contributed \$6,000. These amounts enabled the Trustees to make necessary alterations and improvements. The oldfashioned and unsatisfactory stoves, which had heated the Hospital, were sent to the scrap-heap, steam heating was introduced, bathrooms and closets erected, better drainage and water supply arranged, and rooms for an outdoor department built.

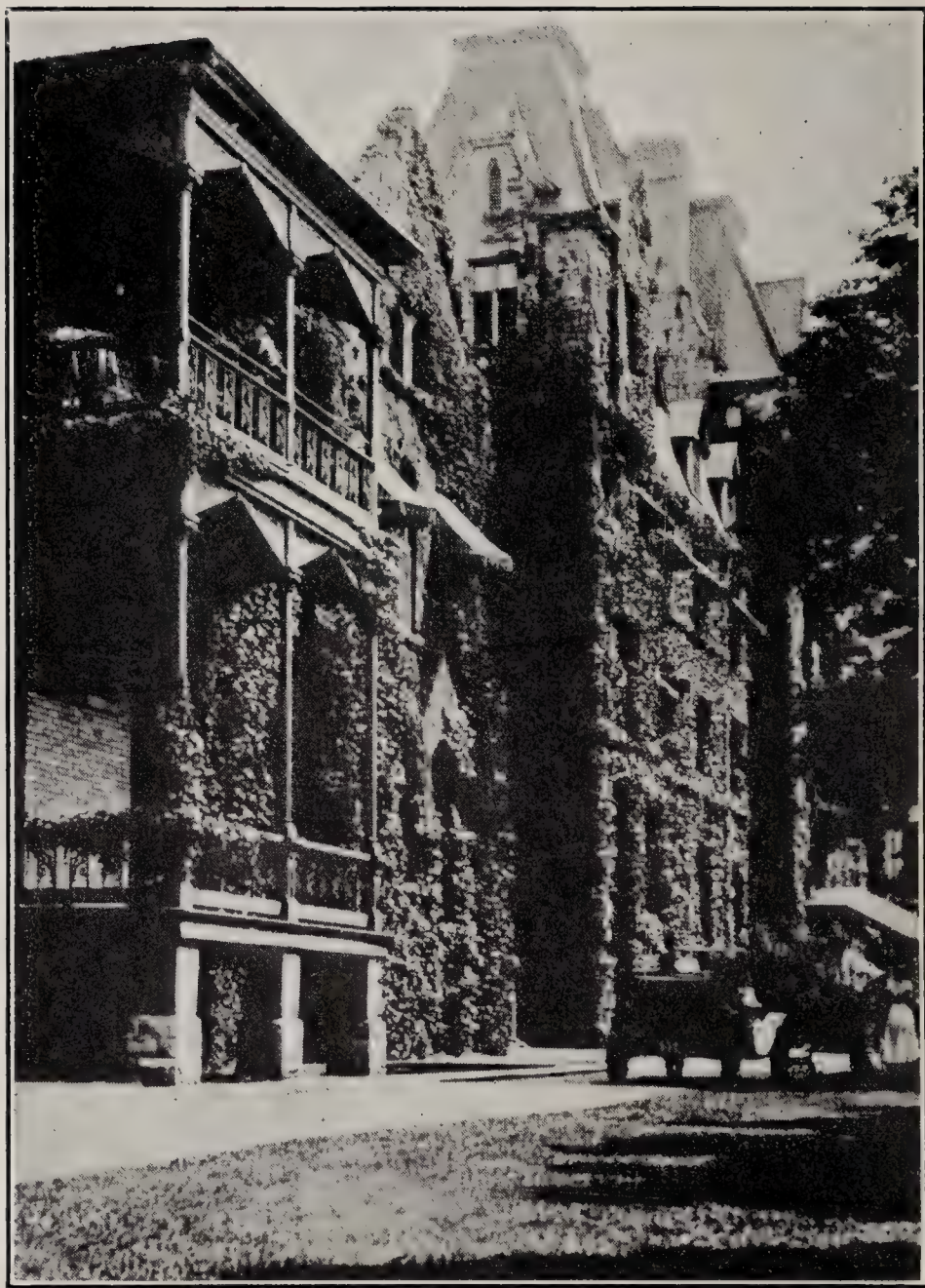
In 1877, Messrs. Cawthra, Gooderham and Worts donated substantial amounts to the Hospital, and the western division of the main body of the institution was erected. This was again extended to the west in 1885.

In 1878, Mr. J. W. Langmuir, a most energetic and successful organizer, brought to bear the same enthusiasm which made him a factor of importance in the development of the Ontario Asylums. On his advice the Burnside Lying-in Hospital and the Andrew Mercer Eye and Ear Infirmary were erected on the Hospital grounds, as a part of the General Hospital.

In 1882, the building called the Pavilion was built from funds donated by Messrs. John Macdonald, William Gooderham and others, for the purposes of gynæcological surgery. At a subsequent date, this department was again enlarged.

From a lengthy description in a now rare pamphlet, which contained much of interest regarding the Gerrard Street Hospital, the following extracts are worth preserving:

“The Hospital, facing south, occupies the block bounded by Gerrard, Spruce, Sackville and Sumach streets, and with all these additions and extensions,



WEST WING, TORONTO GENERAL HOSPITAL,
GERRARD STREET

comprises six separate buildings, with a capacity of 400 beds. The main pile of buildings, which, to a careless observer, would seem to be one long structure, is in reality made up of three distinct divisions. The central portion, with its three wings running north, is the original building of the General Hospital, built in 1854, but since improved and enlarged. The western division, built in 1877, is the earliest of the additions made to the main portion, and is at present used as the nurses' residence and for other Hospital purposes to be afterwards mentioned, whilst the eastern division comprises the added Andrew Mercer Eye and Ear Infirmary, and the Medical Superintendent's residence fronting on Sumach Street.

"Extending under these three buildings is one continuous basement, the portions at either end corresponding to these divisions of the main pile of buildings, being united to the central portion on the west by a half-underground tunnel, and on the east by a similar passage-way. Here the ground space of the Hospital may be best viewed in its fullest extent.

"Above the basement, the building rises to the height of four stories with five towers, the central being upwards of one hundred feet in height, from which a splendid view of the city, Lake Ontario, and the surrounding country may be obtained.

"The Hospital is built of white brick in old English style, partly modified, its most novel and original features being the roofed towers before mentioned, which give a singular boldness of character and outline to the entire structures.

"These, though simple and free from extraneous detail, are grouped into a pleasing combination, whilst

the battlemented turrets, gilded tower, crowns and railings produce picturesque effects of light and shade, glimmer and darkness, in the morning or evening sunlight.

“The total number of beds is 400; General wards, 292; Eye and Ear, 40; Lying-in, 29; Pavilion, 39.”

A further addition was made upon the retirement of Dr. O'Reilly from the Superintendency in 1905.

What had been the Superintendent's residence was converted into wards for nervous patients, under the direct charge of Dr. Campbell Meyers. The Ontario Government contributed \$5,000 to this work, believing it to be of great importance. These wards were carried on with success until 1911, when it was found necessary to take the space they occupied for the extra nurses who had to be trained, with the idea of caring for the increased number of patients in the new College Street Hospital.

It would be possible to write several chapters regarding the worries of the various Boards of Trustees which undertook the management of the affairs of this Hospital, but doubtless their experiences were merely those of similar Boards in every city. Hospitals were crudely organized and administered; the public did not realize their importance until nursing reforms and aseptic surgery began to make headway in the seventies. The Toronto General was as good a Hospital, if not better, than most of its contemporaries in this country, and met the demands of the time as well as it was possible.

When one looks back and thinks of the crudities of surgical and medical practice at this time, it is not difficult to understand the condition of affairs.

It was fortunate that in the evil hours the Hospital had several warm friends, and to the Secretary, Mr. A. F. Miller, belongs the credit of steering the finances of the institution clear of many rocks which beset the course of the heavily-loaded ship. He saw that the safety of the future depended very largely on the conservation of the residue of the property left after the fearful inroads made upon it by the demands of necessity. When nearly everyone thought it best to sell, he valiantly held out to keep possession, and in 1912, the salvation of the whole situation is in the fact that the Hospital properties are able to provide a revenue that helps to bridge the chasm which always must exist between revenue and expenditure in any hospital that lives up to the ever-increasing demands of modern efficiency.

The year of 1880 seems to have marked an advance all along the line, as at this time the Trustees determined to establish a Training School for Nurses, thus keeping pace with the nursing movement which was attracting so much attention in other parts of the world.

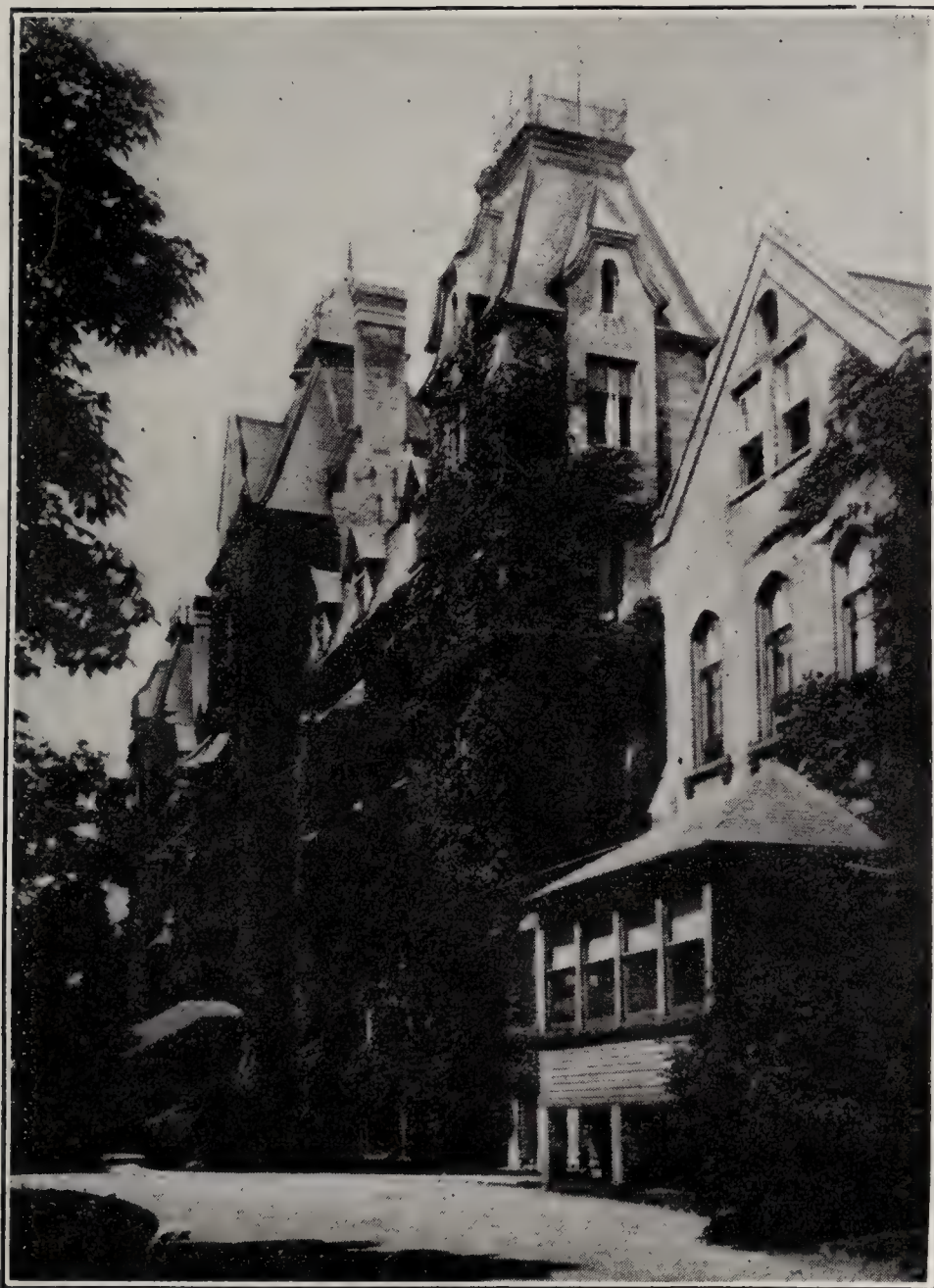
An ambulance service was also established, a generous lady presenting the Hospital with the pioneer ambulance in Canada. This ambulance was in use for many years. In 1887 Mr. John Ross Robertson, whose name will always be remembered as one of the greatest philanthropists Canada has known, aided the work of ambulance relief by the presentation of a model ambulance built in England, and afterwards the Manufacturers Life Assurance Company of Toronto added another to the service.

CHAPTER V.

THE HOSPITAL IN THE SEVENTIES.

So many pages have been devoted to the trials and troubles of the past, and so little has been said of the good work done, that it seems ungracious to continue to dwell on the defects of the days gone by. At the same time it is necessary to give details, just as has been done, to show what the public owes to the genius of the medical profession, and to illustrate the advances made in the interests of humanity.

Even in the present century, prejudice against hospitals still lingers in the minds of certain classes of the community, who, most unfairly, belittle and criticize the institutions devoted to the sick poor—institutions which are monuments to the humanitarianism which animates public-spirited men and women. Physicians as a body are severely censured and harshly judged, in spite of the fact that no other class so cheerfully devotes itself to the alleviation of suffering, and exposes itself voluntarily to the danger of contagion and infection when there is no hope of reward. A remarkable thing, too, is the charge made since hospitals were first established, that patients are exploited, regardless of protests, for the benefit of medical students. The facts are so at variance with this assertion that they must be referred to here. Rarely indeed does a patient hesitate to cooperate with the student anxious to acquire knowledge that will enable him to become a useful member of an



EAST WING, TORONTO GENERAL HOSPITAL,
GERRARD STREET

honourable profession; the rule is, that the sufferer is anxious to take part in a clinical demonstration, knowing that he is not only getting the best advice to be had, free of charge, but is also receiving a most thorough scrutiny under the gaze of a host of keen critics. The advantage of such scrutiny is so obvious that very often paying patients are willing and anxious to receive the advantage of it.

When one thinks of the advances made since the early seventies, before the world had received the blessings of Pasteur's and Lister's discoveries, he is astounded at the development of medicine. How few realize the countless blessings conferred on the human race by these modern scientists, whose contributions towards the happiness of mankind cannot be measured by ordinary standards. It is only by comparing the past with the present that we can gauge in any way the importance of their discoveries.

Take the Toronto General Hospital in 1870 and compare it with the General of to-day, and a faint conception may be had of the progress. It so happens that it is possible to make just such a comparison, as several of the earliest of the house physicians are alive and bear eloquent tribute to the change that has taken place. Three of these, viz., Dr. Taylor, of Goderich, the first house physician, and Drs. R. H. Robinson and R. B. Nevitt, who were his immediate successors, have kindly furnished their recollections without comparing notes, and as all accounts agree in the most striking manner, there can be little doubt of the accuracy of their statements. Their stories at once make plain the reason why prejudice still lingers

in the minds of the ill-informed, who have preserved the traditions handed down by their predecessors.

Living as we do in an age of luxury and refinement, it is difficult to conceive the conditions of even as recent a period as 1870, and yet at the same time one cannot help being struck with admiration for the heroism of those who faced all sorts of dangers daily, without a murmur. The horrors of smallpox outbreaks are only appreciated by those who have seen them, and yet in 1870 no one shirked a disagreeable responsibility or dodged the possibility of infection, when duty was imperative. To quote freely from the reports of the house surgeons: "Vaccination was the only precaution taken to prevent the spread of the disease, and not more than one in ten of the patients would submit to the operation. There was no means of compelling them. The house surgeons and nurses went up to the smallpox ward and returned through the ordinary wards. There were no special nurses to look after these patients; the nurses left other wards to attend them, and afterwards waited on other sick people, not even changing their aprons. If the physician met a patient with a few pocks on his face he would confine him to the smallpox ward until he was convalescent, when he was allowed to mix with the uninfected without even changing his clothing or taking a bath. There was no rule of the Hospital to prevent friends from visiting smallpox patients if they wished to do so."

Dr. Robinson in quaint style gives his experience with smallpox in the Toronto General Hospital:

"During my time we had a serious epidemic of smallpox in the General Hospital, about Christmas.

A young woman was brought from the Queen's Hotel having contracted the disease. Dr. Abbott was appointed to look after her, and in due time he was taken down. The Superintendent, Dr. J. H. McCollum, decided that it would be wise to vaccinate every patient. Abbott was a great favorite, and although peremptory orders had been given to the nurses to stay away from the ward he was in, they would insist on going to the door to find out how he was doing, and often went in to chase away an imaginary hummingbird that bothered the sufferer. As a result the disease was carried all through the wards. Eighteen of the patients developed it, and no less than nine died before the Board of Health opened a smallpox hospital behind the gaol, where the writer took charge. There was no regularly appointed Medical Health Officer, and the only ambulance was a bread wagon which was pressed into service."

During Dr. Robinson's stay of two months in the Smallpox Hospital, where he had a slight attack of the disease, some one hundred and twenty cases were under treatment.

When Dr. Taylor became House Surgeon in 1870 the staff was composed of:—

Medical Superintendent, Dr. Hampton.

Lady Superintendent, Miss Hayes.

House Surgeon, Alexander Taylor.

The medical staff was composed of:—

Dr. Bovell, Professor of Physiology in the University of Toronto.

Dr. Beaumont, Professor of Surgery in the University of Toronto.

Dr. H. H. Wright, Professor of Medicine in the University of Toronto.

Dr. Hodder, Professor of Midwifery in the University of Toronto.

Dr. Aikins, Professor of Surgery in the University of Toronto.

Dr. Rowell, Demonstrator of Anatomy in the University of Toronto.

Dr. Richardson, Professor of Anatomy in the University of Toronto.

Dr. Ogden, Professor of Materia Medica in the University of Toronto.

Dr. Thorburn, Professor of Medical Jurisprudence in the University of Toronto.

Dr. Bethune, Professor of Materia Medica in Victoria University.

Dr. Geikie, Professor of Medicine in Victoria University.

Dr. King, Professor of Surgery in Victoria University.

Dr. Canniff, Professor of Surgery in Victoria University.

“There were four day nurses, and one night nurse, called Eliza, a faithful old woman who tried to do her best with the training she had received previous to her entrance into the Hospital.

“The nurses were nearly all young, many of them from the country, without any special training, and probably never saw a hospital until they entered this one, without any qualification whatever before they came in, and with no person to train them except the medical superintendent and the house surgeon.

“At this time the chief qualification of a nurse depended greatly on her ability to make and apply a poultice. Many of the physicians would not allow the nurses to put cheesecloth on the poultice, thinking that the poultice, when applied to the skin, would draw out the disease.

“The operating-room was a good-sized one, fairly well lighted and equipped, large enough to contain all the students, and the seats were so arranged that most of the students could see the operations fairly well. The operating-table was an ordinary plain wooden table, without any means of lowering or raising the head of the patient. There were no attachments of any kind. You can find as good a table in many of the kitchens in the country to-day. The operating-room and table were always kept spotlessly clean and bright. The halls and floors of the different wards were very clean.

“The sewerage at that time was defective, and the water supply so bad that all of the officials of the Hospital but one had typhoid fever.

“There was a difference in the treatment of many of the diseases in the seventies compared with the present day. In pneumonia, when the respirations were 45 and the temperature 104 or 105, the patients were raised up in a sitting posture to enable the nurse to properly apply the poultice, and, what was still worse, the weaker the patient got the oftener the poultice was applied. If the patient survived for five or six days, the next thing to be done was to sponge him with soap and water and then apply a fly blister. After the blister was on from six to eight hours it was removed. A poultice was again applied, and as soon

as the part was healed another blister was applied. On the other hand, if the patient lingered for a long time and did not respond to this treatment, there were a few physicians who would introduce a seton and have it turned round daily, to the great discomfort of the sufferer. The physicians of that time were just as honest, just as sincere, and believed as much as we do to-day, that they were doing the best that could be done for their patients."

Dr. Nevitt, writing his experiences, says:—

"In 1871, coming as a raw student with no previous acquaintance with hospitals, I could not fail to be impressed by the imposing dignity of the old building, with its central and flanking towers, set in a wreath of foliage and approached by the broad curved drive leading from Don Street, with the picturesque porter's lodge at the gate, in which lived Dennis, the porter, and Bridget, his wife. The former was a typical Irishman, most faithful and loyal to the Hospital, sober and industrious; his wife, also a type, was the obverse of the medal, and was the cause of much trouble to the medical officers from her incurable habit of smuggling illicit packages to the patients.

"'Old Tom' was the janitor; he had been a sailor, was wounded at the Battle of Trafalgar and had his leg amputated at the hip, and suffered from the most horrible attacks of sciatica. He was not a very satisfactory janitor. He was gruff and very deaf. On fine days he spent his time on the lawn under the trees with a long clay pipe in his mouth, and in foul weather he retired to his room or somewhere out of sight, and presumably continued to smoke. He eventually de-

veloped cancer of the tongue. Dr. James H. Richardson operated, removing the tongue with the ecraseur. Old Tom refused an anesthetic. He said that with a nail between his teeth he stood the amputation of his leg, and so could stand this, and he did, giving a responsive groan at each tightening twist of the instrument till the tongue came off, when Dr. Richardson, placing it on the table, turned to the students and said, 'You see of what our sailors are composed.' The next morning old Tom was under the trees smoking his pipe as usual.

"To the west of the entrance the first room was used as the office of the Superintendent, the next as students' waiting-room, and for external patients, the next a small room for the visiting physicians, and a jug of water and some cheese and soda crackers were provided for a lunch, and in this room the internes, J. T. Abbott and myself, had our meals brought to us on a platter, and we took them when we could, sometimes not for two or three hours after they were brought up.

"Miss Hay was the Lady Superintendent; her rooms were at the north end of the west leg of the L on the main floor. She had two housemaids, Mary and Joanna McG——, who did the housemaids' work of the Hospital.

"The dispensary, now transformed into a lavatory, was a small room at the junction of the main and west corridor, overlooking the verandah and the grounds now occupied by the west wing and nurses' residence. In the dispensary all the medicines for the external patients were made up at noon, or as soon thereafter as the attending physician saw the patients. In the

evening the mixtures and prescriptions for the house patients were made up or renewed and classified according to their wards. At seven o'clock the night nurses came up from their sleeping-bunks in the basements, and took the bottles and packages for their respective wards upstairs with them, and thereafter there was a constant stream of nurses coming and going to get night draughts for restless patients or those in pain. I have made up as many as eighty or ninety prescriptions for this daily change. I can only recall one occasion of a bottle going astray, a cough mixture for a patient of Dr. W. T. Aikins. It was found some time afterwards where it had been most successfully applied as a vulnerary to frozen toes.

"E—— was the dresser, an old soldier. He and his wife had rooms on the third floor, at the north end of the east wing. His duties consisted in attending to the needs of the male patients, assisting in dressing their wounds, shaving, hair-cutting, and so forth. He was a capable man, but with an old soldier's aptitude for shirking work.

"Old Sam, an English jockey, was stranded with a chronic ulcer of the leg and an incurable thirst; he was willing and obliging. He had charge of the dispensary, as far as keeping it tidy and in making poultices. Hundreds and thousands of these he made and transported on flat-handled trays to the various wards as required.

"The nursing staff was divided into day and night nurses. There were two or three that possessed experience, and they were the terror of the patients; the rest were raw and uncultured—good girls enough, some of them, but all absolutely without training.

Eliza was the senior; she was on night duty. In her younger days she might have been capable, though as I knew her she was utterly useless; but she kept the patients in order, and they would let her sleep all night and never say a word.

“Everything had to be closely watched and superintended by the House Surgeons. Clinical reports and records there were none. Many of the nurses could do little more with the pen than write their names. I saw every patient in the Hospital every morning, each new patient as he or she was admitted, and out around again after nine at night to every waking patient, besides going through the wards with each attending physician on his rounds. As each patient came into the Hospital, the name and particulars were recorded in a book kept for that purpose in the office. If he had any money it was taken from him and supposed to be given to the secretary of the institution, but as frequently many days passed without my seeing him, I often had five or six hundred dollars in my pocket, acting as a peripatetic bank.

“The Hospital staff recognized no distinction between medicine and surgery, although Hodder, Aikins, Bethune and Canniff were esteemed for their surgical ability, yet Dr. Thorburn had nearly as much surgery as Dr. Aikins.

“There were no specialists on the staff until the appointment of Dr. Reeve as Eye Specialist. Most of the important eye cases were handed over to Dr. Norman Bethune. Dr. Hodder specialized in diseases of women, and Dr. Aikins in general surgery. I cannot recall any clinics being delivered until after the appointment of Dr. J. E. Graham. I well remember

his lecture on tuberculosis, and the getting up of the cases to show the class. The students attending the Hospital had to register their names on long strips of blank paper provided for that purpose. They came at the noon hour when the external patients were admitted by the attending physician of the week, or, in his absence, by the Medical Superintendent, Dr. J. H. McCollum, or by the internes, Dr. J. T. Abbott or myself. The rest of the time was put in by the students in the theatre witnessing operations. It was in 1873 or 1874 that the first clinical thermometer was introduced into the Hospital. It was a long instrument, the bulb containing the mercury, but at an angle at the end of the tube for insertion into the axilla; as it was not a self-registering instrument it was necessary to watch it, and when it had reached a fair state of equilibrium to read it from the tube.

“One morning in the early part of the winter of 1873, Toronto was visited by a heavy windstorm about six o'clock. I was startled by a heavy crushing and a sound of roaring flames. I ran to the front door of the main corridor, to find it full of smoke, and the roaring noise was accompanied by the dropping and rushing of water. The main staircase was crowded with patients in various states of dishabille, coming down the stairs terrified. I locked the front door, and went up to see what was amiss. Number Two Ward was dense with smoke and dust and water, but the trouble was evidently higher up. I went up, and in the ward above at the west door met the night nurse coming out from under the beds and debris of ceiling-rafters and roof. The wind had blown down the big chimney running up alongside of the central tower,

and it had fallen back upon the roof of the building, making a huge gap in the roof and cutting through the wooden conduit which conveyed the water from the west tower across the attic to the east tower. The ceiling, of course, was demolished, and the flooring of the upper ward broken, but fortunately the joists held, and in Number Two Ward, except for the plaster from the ceiling and the smoke from the choked fireplace and the water from the broken conduit, no special damage was done. One patient in Number Two Ward, whose thigh had been amputated and whose brittle arteries we had the utmost difficulty in tying, excited and alarmed, and possibly choked by the smoke and damp, took on a secondary hemorrhage which I had to control by pressure over the femoral wing until help by relays of students came in the course of two or three hours. He eventually died, but recovered from the hemorrhage.

“The nurses’ rooms were somewhere below stairs. Complaints were made of the noise and of the beetles and rats, and consequently Ward Twenty-five was given to the maids, scullions and nurses. Occasionally they became so noisy, laughing and talking, or at times furiously quarrelling, that they had to be remonstrated with, and on one occasion at least, had to be threatened with the police.”

These pen-pictures are interesting as throwing sidelights upon the management of what was everywhere admitted to be a successful hospital from the general standpoint. Having this in mind when walking through the new College Street General will make plain what a change has taken place, when the advances of science have put within the reach of the

average man comforts and possibilities not dreamed of fifty years ago. It may be claimed that medicine is still an art and surgery a science, but a close study of the organization of a large hospital will reveal the fact that medicine, of which surgery is a branch, has established itself on a basis that means countless blessings to the human race and the uplifting of the whole community, both morally and physically.



FIRST GRADUATING CLASSES, TRAINING SCHOOL FOR NURSES, 1883-84

CHAPTER VI.

NURSING.

WHEN one looks for the foundation on which the reputation of any great hospital is built, it will soon be learned that the efficiency of the nursing department is even a greater factor than the competency of the medical staff. Reading between the lines, it is a simple matter to see that the Toronto General, up to a certain date, simply followed the traditions which governed so many hospitals—traditions which made them mistrusted and disliked by the average person. Nursing was not a profession, not even a vocation, but, ordinarily, a makeshift adopted by the Sairy Gamps and Betsy Prigs of the bygone days. Few, if any, had the vision of Florence Nightingale, that angel of mercy, whose doings in Scutari and in the Crimean War, as well as by her Notes on Nursing, awakened the world to the possibilities of nursing as a profession.

The women who acted as nurses were, too often, crude, uneducated, and, not unfrequently, alcoholic in their habits. Cleanliness was not a *sine qua non*, the pay was a mere pittance, and the work so repulsive and hopeless that there was little to attract a different class. Here and there were, of course, notable exceptions to all this, but the unpleasant truth was generally what has just been stated.

In 1873 came the new era on this continent, and it is pleasing to learn that Canada did not fail to keep pace with the march of events.

The distinction of founding the first training school for nurses in America has been claimed by the General and Marine Hospital, St. Catharines, Ontario, Massachusetts General, Boston, and Bellevue, New York. If Homer has been granted no less than seven places of birth, surely there is no reason why we should not accord the Training School for Nurses three. No doubt the fact is that the hospitals mentioned developed their schools at practically the same moment, and no one could wish to dispute the claim to distinction, as all commenced a work destined to revolutionize hospitals everywhere. If the germ of the idea came from across the sea, it was on this continent it was to receive its highest development.

Think what it meant to Toronto. In 1880 the Board of Trustees had become seized of the necessity for reform, and, waking to the possibilities of the situation, had determined to institute a Training School. Miss Goldie, who was at that time the Matron, was appointed the first Superintendent. She was a woman of culture and refinement, but without hospital experience before coming to the Toronto General, in 1876, from Hellmuth College, London, Ont. Evidently the situation impressed her as a difficult one, and in 1881, the year the School was definitely established, she resigned, in poor health, and went to Europe, afterwards returning to Canada to become Superintendent of the Brantford

Hospital. Her assistant, Miss Storey, now took charge, but shortly afterwards married, and in due course resigned, to be followed by Miss Pickett, who came from the Massachusetts General, where she received her training. Evidently she soon became discouraged, although the first class graduated in 1883.

As has often occurred in the inception of any new movement, the material, at the start, was not the best possible, and the early graduates were not equipped in the way that could have been wished from the educational standpoint. They were pioneers, though, and as such must be honoured to-day. Even if most of them had few accomplishments, they were in many instances earnest women, battling in a righteous cause, and they stand as the sign-post at the starting-point of a great reform.

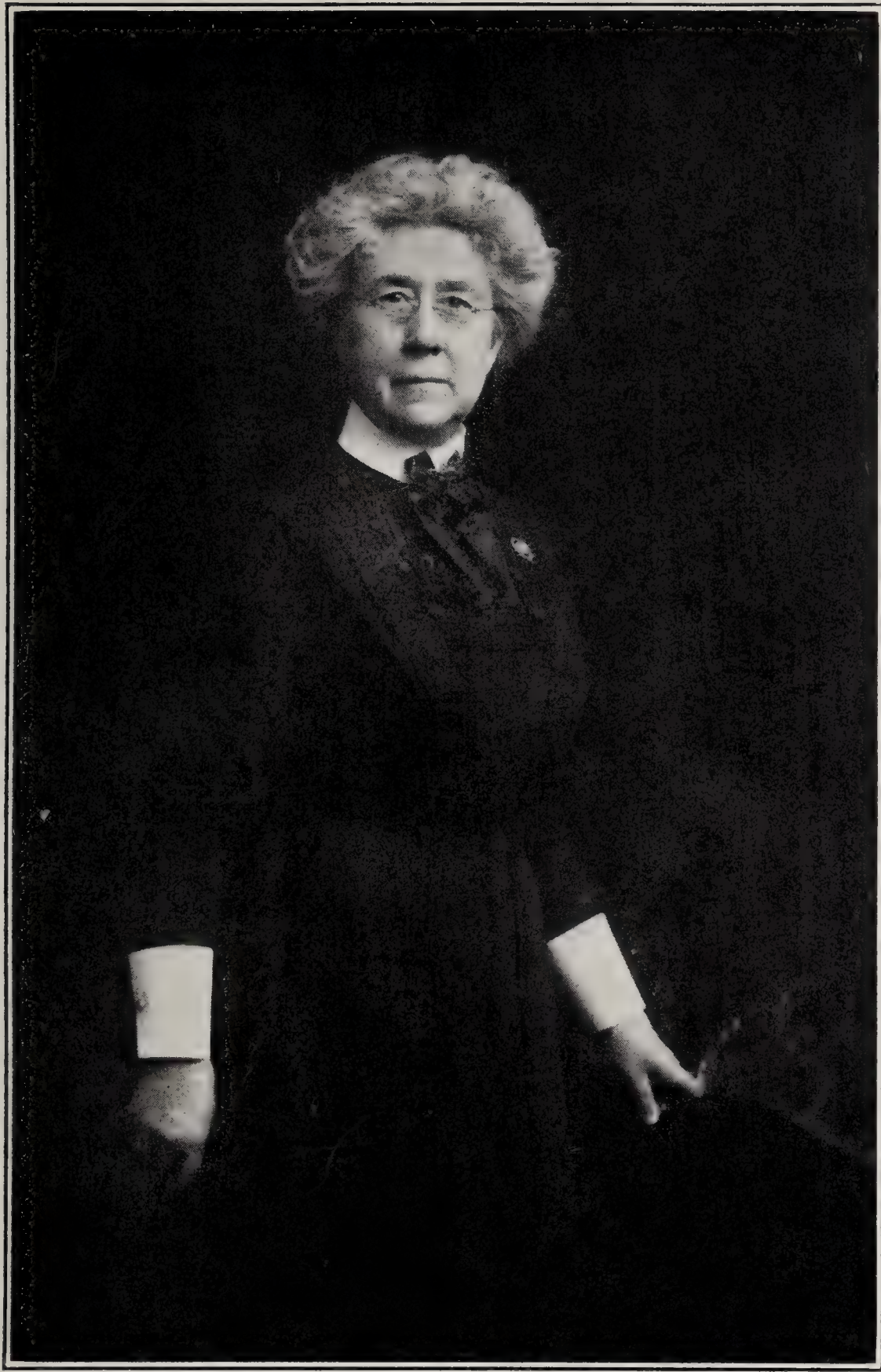
Their quaint and homely grey woollen dresses with the absurd blue bows at the neck, the sloppy caps, and the dirt-catching trains, would excite the risibilities of the trim probationer of to-day; but all these things were significant of the new spirit and the regeneration of nursing as a profession.

It is difficult to repress a smile when looking at the photographs of the first graduating classes, and yet their costumes were not more ridiculous than those of the soldiers who fought at Waterloo, and won a victory that changed the fortunes of the whole world.

It was in 1884 there arrived on the scene an able woman, who was to work a transformation in the whole nursing economy of the Toronto General, in spite of the difficulties which seem to have been ever

present in that institution. Miss Mary A. Snively, a graduate of the Bellevue Training School, New York, assumed the duties of Superintendent on December 1st, 1884. She came to the scene of action well equipped, both mentally and physically, to cope with a difficult situation. A cultured woman of high principle, with a broad conception of her duty, and with a clear vision regarding what was expected of her, she laboured faithfully in the Toronto School until July 1st, 1910, when she retired, respected, honoured and loved by a large circle of sincere admirers. Only those who were continually behind the scenes realize what she accomplished. When she came to Toronto it was almost impossible to attract girls of the desired type to the profession of nursing in Canada. The change from the old order of things to the new was too recent, and parents were sceptical about allowing their daughters to enter a School where hardships were many and the rewards few.

The American schools offered far greater attractions, and girls of good social standing and education, who developed the nursing fad, went to the United States with exasperating frequency. This was not altogether a misfortune, as it gave many clever, ambitious women an outlet for their abilities, and numbers of them assumed leadership in the rising profession. Uncle Sam, always ready to adopt the best to be had, appropriated them with a regularity that showed his appreciation of true merit, and, unfortunately for us, the great majority married and became mothers of future Presidents.



MISS M. A. SNIVELY

Miss Snively went patiently to work, and when the quality of the woman was understood, there began to be attracted a better type, in spite of the fact that the accommodation was so wretched. She found the raw material on hand not very promising; however, a small class of four had graduated in 1883, and ten graduates received diplomas and medals in 1884. The examinations these nurses had passed were of a simple character; indeed, some students were so deficient in education that the examination was almost nominal. In 1883, for example, one nurse had gone to a single lecture on the circulation of the blood; two, apparently, were simply passed formally, without lecture attendance, and one had gone to eight discussions on respiration, fever, the skeleton, circulation of the blood and poisons.

Those entering the School in 1882 were evidently of better type educationally, and, judging by the records, the lines were far more tightly drawn by 1884 and 1885, as many fell by the wayside; the entries: "dismissed for neglect of duty," "very unsatisfactory," "removed because of neglect of patients," and so on, being painfully common.

Apparently the Hospital authorities were proud of their new School, and when H. R. H. Princess Louise visited the Hospital on September 15th, 1883, all the nurses who were on duty on that occasion had this distinction carefully recorded in the meagre annals of the place.

Miss Snively soon made a material impression on the Hospital community as well as on the public, and

the new standards of efficiency being set, received universal commendation.

While the examinations were far less complicated than at present, and while few formal lectures were given, a beginning was made, and at the end of a two years' course the would-be graduates appeared before the examining board, composed of Drs. Fulton, Thorburn and Cassidy. Systematic lecturing was undertaken by the younger members of the medical staff, and, in due course, the School assumed an importance that made it occupy an honourable position among the educational institutions of Canada and America. Its nurses were, in many instances, sought after by well-known institutions, and the graduates proved the soundness of their training by the success they attained as administrators. Their loyalty to the head of the Training School, after they had opportunities to observe and make comparisons, has been proof enough of their satisfaction with what they received in Toronto.

If Miss Snively were to record her experiences, it would easily be seen how her task might fairly have been called a herculean one. When she began her duties in December, 1884, the nursing of four hundred patients was being carried on by a staff of less than fifty, where a hundred and fifty are required in 1912 for the care of the same number. The pupils in training were housed in all sorts of out of the way places, and took their meals in a dingy cellar, where the table appointments would have disgraced a tenth rate hotel. One orderly was all that the law provided, and his duties were so numerous that he

avoided as many as possible. Patients were admitted at the front door by the janitor, who seems to have had a thousand and one things to do, for which he received the munificent salary of five dollars per month. This was supplemented by a pittance contributed by each student, who was notified that his presence was requested at the Burnside.

The front doors were locked at 9 p.m., and as no special night watchman was on duty, only emergencies were admitted by the few night nurses who attempted to do the impossible.

These unpleasant incidents are detailed, not with any desire to find fault with those who had the care and responsibility in the past, but merely to show how difficult was the task they had to perform under straitened circumstances. They would have made things better had they possessed the means; they simply had to do the best they could with the resources at their disposal.

For these reasons Miss Snively's reign was all the more wonderful, and it is a fact that she kept so well in touch with the rapid strides made in medicine and surgery, that the nursing efficiency of the Hospital was what the most exacting could demand. In organizing nursing reforms in the care of the insane, the writer found it necessary to draw, from time to time, on the graduates of the Toronto School, with the most happy results.

One of the pioneer schools of America was established at Rockwood Hospital for the Insane, Kingston, and it was the graduates of the Toronto School who developed the organization. They all possessed

the same characteristics: devotion to duty, enthusiasm, intelligence, and the ability to work. They were nurses in the true sense, rather than amateur physicians, and they attacked the new problem with such success that the path was made easy for those who associated with them and others who followed.

Miss Snively remained in charge of the Toronto School until July, 1910, when she was succeeded by Miss Robina L. Stewart, a graduate of the Johns Hopkins School. Miss Snively recognized the fact that she had done her work efficiently and without sparing herself, and having made a place for herself in the Hall of Fame, was pleased to hand over the reins to one younger and with more physical vigour to attack the multitude of problems to be faced in the organization of the nursing department of a great new Hospital.

CHAPTER VII.

PEOPLE PROMINENTLY IDENTIFIED WITH THE HOSPITAL.

To refer to the many eminent physicians who have graced the Hospital staff would be an impossible task, so it must suffice to mention a very few of the greatest, who were among the first to add lustre to the institution's reputation.

Of the various members of the medical profession prominently identified with the Toronto General Hospital Dr. Christopher Widmer occupied the leading position, as he did, indeed, in almost everything pertaining to medicine in the early history of the Province. He was born at High Wycombe, Buckinghamshire, England, on May 13th, 1780, and came to Canada as surgeon to the 14th Light Dragoons in 1812. At the close of the war he settled in Toronto, where he remained until his death in 1858. He had seen active service in the Peninsular War, and was present at no less than five great battles—Vittoria, Busaco, Fuentes D'Onoro, Talavera and Salamanca.

He has been styled the father of surgery in Upper Canada, the father of medicine in Upper Canada, and the life and soul of the General Hospital from its inception until the second building was erected.

His energies found abundant outlets in various directions, and he was identified with almost everything of importance taking place in the early history of Toronto. His residence between King and Front

Streets at the lower end of Ontario Street, was one of the well-known landmarks.

Dr. Canniff, in his history of the medical profession in Upper Canada, says: "The writer remembers with what profound respect he regarded Dr. Widmer, when he began the study of medicine. Dr. Widmer was as regular in his attendance at the Hospital as had ever been his wont, and the students all venerated him, while they laughed at his brusque ways and too frequent expletives.

"The really destitute patients would receive the kindest attention, but if he thought anyone was seeking gratuitous relief who was able to pay for it, his words to him were such as only an old campaigner could utter. It was always a treat to follow him around the wards, for whatever he said or did relating to a patient was worth hearing or seeing. In the operating-room he was the most brilliant."

He seems to have occupied endless positions of trust with honour to himself, and, when Lord Sydenham was seriously injured in Kingston in the accident which resulted fatally, Dr. Widmer was sent for, employing relays of horses to make the long and tiresome journey of one hundred and sixty miles. The following description from Dr. Scadding's "Toronto of Old" is a delightful pen-picture of Dr. Widmer: "It is to be regretted that Dr. Widmer left behind him no written memorials of his long and varied experience. A personal narrative of his public life would have been full of interest, but his ambition was content with the homage of his contemporaries, rich or poor, rendered with sincerity to his pre-eminent abilities and inex-

tinguishable zeal as a surgeon and physician. Long after his retirement from general practice, he was every day to be seen passing to and from the old Hospital on King Street, conveyed in his well-known cabriolet, and guiding with his own hand the reins conducted in through the front window of the vehicle. He had now attained a great age, but his slender form continued erect; the hat was worn jauntily as in other days, and the dress was ever scrupulously exact; the expression of the face in repose was somewhat abstracted and sad, but a quick smile appeared at the recognition of his friends. Within the General Hospital a portrait of him is appropriately preserved. One of the earliest, and, at the same time, the most graceful lady equestrians ever seen in York was this gentleman's accomplished wife."

After his death in May, 1858, the members of the medical profession in Toronto arranged to have Loeffler, the well known artist, paint a portrait of the eminent physician. This picture was to be placed temporarily in the board room of the Toronto General Hospital until such time as the contemplated medical college should be erected. This life-sized portrait, the bust of which is reproduced on another page, still hangs in the old board room. Medical colleges have come and gone, and the dispute as to which medical college it should go to still remains unsettled. As there is now but one such institution and it does its chief work in the Hospital, it is eminently fitting that the portrait should remain in the spot which, in the most practical way possible, demonstrates all that this pioneer physician aimed at.

Dr. W. B. Geikie describes Dr. Widmer as being of medium height, somewhat taller than Lord Roberts, but having much the same figure and erect soldierly bearing. He was quick and active in all his movements. He says: "I fancy I can see him now as he often dressed in summer, with his swallow-tailed blue cloth coat with its black velvet collar, a light coloured vest, nankeen trousers and well-fitting low shoes neatly tied with black silk ribbon. When looking at a patient for the first time or at whatever might be going on that interested him, he often stood with two or three of his fingers in his trousers pocket." The early history of Toronto is filled with references to Dr. Widmer, and it is evident that his abilities were of the all-round order.

An incident furnished by Dr. Arthur Jukes Johnson well illustrates Dr. Widmer's character.

One day an Indian was brought in to have a cataract removed from his eye. The Indian could speak no English, but had an interpreter with him. Dr. Beaumont, one of the most patient and painstaking of men, tried for over an hour to get the Indian to keep still while he attempted to cut out the cataract. But it was of no use, every time the knife approached the eye the man would either turn his head, or close his eyes, or do something else which made it impossible for the doctor to operate. And all Beaumont would do was to remove his spectacles, take his handkerchief out and wipe the right glass of it—he had only one eye himself, although you would never suspect it.

Presently we heard Dr. Widmer coming down the corridor, dressed as usual in his riding breeches, top boots and riding crop. "What's this you have here,



DR. CHRISTOPHER WIDMER

Beaumont?" he asked as soon as he entered the room. Dr. Beaumont explained the situation, whereupon Dr. Widmer turned to the interpreter and said: "Do you speak English?" "Yes, sir," answered the man. "Well," said Widmer, "you can just tell this man that if he does not keep his head still, and his eyes open, he will go to the Happy Hunting Ground so d—— blind that he will never be able to find his way about." This was interpreted in the usual stolid Indian manner, word for word, after which the operation went on without the patient moving a muscle.

Dr. William Rawlins Beaumont, F.R.C.S., Eng., was of English birth and studied in St. Bartholomew's Hospital, under such distinguished men as Abernethy, Sir Astley Cooper, Lawrence, Herbert Mays and Marshall Hall. He also took courses in Anatomy and Surgery in Paris and Brussels. He obtained the M.R.C.S., London, in 1826, and was made Fellow of the Royal Medical and Chirurgical Society, London, in 1836.

He came to Canada in 1841, and in 1843 was appointed Professor of Surgery in King's College (now the University of Toronto), and he was Dean of the Faculty of Medicine when it was abolished. At a later date, 1872, he was Professor of Surgery in the Trinity School, although at that time a very old man. He was on the staff of the General Hospital for many years; indeed, it was he who first established its reputation as the surgical centre of Upper Canada.

Professor James Richardson seems to have had great admiration for him, and in a letter to President Loudon, in 1899, in which he gave many of his recol-

lections of the older men, said, "Beaumont was pre-eminently distinguished for his professional attainments. During over fifty years of professional life I have had abundant opportunities of forming judgment as to the skill of surgeons, not only here, but in London and Paris, and I unhesitatingly state that, in my opinion, Professor Beaumont would favourably compare with the most eminent of them in his knowledge of the principles of surgery and as an operator. Moreover he was a most polished gentleman, whose influence was most elevating to his students."

He was a man of great mechanical genius, too, and as early as 1836 invented an instrument for suturing the deep-seated parts in cleft palate, that was destined to mark an epoch in the world's history, as there is not the slightest doubt it served as the model for the sewing machine. An account of the invention was published in the *Medical Gazette*, for 1836, and a description of it is contained in the *Lancet* of March 17th, 1866. With it a continuous line of stitches could be made. Until a comparatively recent date one of these instruments was contained in a valuable collection of antique surgical appliances in the General Hospital, but unfortunately the hand of the vandal has swept almost every relic, both documentary and otherwise, into the dumpcart, and priceless treasures have found their way to the junk shop and furnace.

Beaumont made many valuable inventions, and his name is still honoured by the few left who knew him. He died in October, 1875, aged 72.

Dr. James H. Richardson, Dr. Henry Hoover Wright, Dr. T. Aikins, Dr. E. M. Hodder, Dr. Norman



SOME OF THE CHAIRMEN OF THE BOARD OF TRUSTEES

Bethune, Dr. Herrick, Dr. King and a host of other early practitioners should receive attention in this memoir, but it is not possible, and in more recent years the number of brilliant physicians and surgeons has become so large, that it embraces nearly all of the best names in the profession in Toronto.

SOME OF THE CHAIRMEN OF THE BOARD
OF TRUSTEES.

Hon. Senator John Macdonald, who was appointed Chairman of the Board in 1872, with Mr. Charles S. Ross as Assistant, took a deep interest in the affairs of the Hospital, which he frequently assisted financially. His interest was not lost when he left the Board of Management, as he established an endowment in memory of a deceased daughter in 1889. Shortly before his death Mr. Macdonald donated a sum of \$40,000 for the erection of a branch hospital in the vicinity of the University of Toronto; however, through unfortunate disagreements between Toronto and Trinity Medical Schools the purpose of the donor was defeated.

Charles S. Ross, who assumed the Chairmanship in February, 1875, played a most important part in the history of the Hospital, as he had a genius for business, and inaugurated important financial changes. He succeeded in getting the city and outside municipalities to assume a portion of the cost of maintenance of the Hospital, and induced the Ontario Government to give a grant of ten cents per diem, conditional upon the Hospital raising revenue equal to the Government grant. The result was most satis-

factory. Unfortunately Mr. Ross died in June, 1876, but his ideas had permeated his colleagues so thoroughly that they adopted the policy he had so clearly put into force.

After Mr. Ross's death Dr. W. T. O'Reilly was temporarily called on to fill the vacancy. He was a man of ideas and filled the position with marked ability.

Wm. Elliott, Esq., occupied the position for some months and gave excellent service.

William H. Howland became Chairman of the Hospital Trust in January, 1877. Mr. Howland instituted a very vigorous policy of Hospital extension, and finally endeavoured to secure better attention on the part of the medical staff and resident officers. He was successful in obtaining money for more accommodation, and Messrs. Stewart and Strickland designed the West Wing, which was paid for by Messrs. William Gooderham, sen., James G. Worts, and William Cawthra. Not only that, he induced Sir Oliver Mowat, the Premier of Ontario, to pay to the Hospital out of an estate which had been escheated ten thousand dollars for the erection of a wing for the treatment of diseases of the Eye, Ear, Nose and Throat. This wing has been in use ever since under the name of the Andrew Mercer Eye and Ear Infirmary.

About the same time Mr. Howland, with Mr. J. W. Langmuir, induced the Trustees of the Burnside Lying-in Hospital to transfer their trust to the General Hospital. The Rev. H. J. Grasett, as Chief Trustee for the Burnside, consented to this arrangement, and the antiquated building on the corner of Sheppard

and Richmond Streets was deserted when the building known as the Burnside Lying-In Hospital was erected at the rear of the Gerrard Street institution in 1878. William G. Sloan was the architect.

The Hon. C. S. Patterson became Chairman of the Trust in 1879, and continued in this position for ten years, and it was during his régime that the Training School for Nurses was instituted. Judge Patterson had the esteem of those associated with him, and appears to have been a painstaking and keenly-interested chairman. The Nurses' Home was erected under his inspiration, in 1887.

The membership of Walter S. Lee on the Board dated from 1877, when he was appointed as representative of the City of Toronto. From then until his decease, in January, 1902, Mr. Lee was constant in his efforts to advance the interests of the institution, and its financial standing was greatly improved by the prudence and caution which characterized his administration. He saw the desirability of conserving the properties belonging to the Hospital, and although this meant the raising of money by debentures, still this was done by the exercise of good judgment and prudence. His wisdom and foresight have been apparent on many occasions, and to-day the Trust is reaping the benefits of the sensible policy adopted.

On the death of Mr. Lee Mr. J. Blaikie became Chairman, and, while he gave excellent service, he felt the burden too much, and resigned the position in 1904, to be followed by Mr. J. W. Flavelle, who is still in office.

SUPERINTENDENTS.

Dr. Edward Clark seems to have been the first regularly appointed Superintendent, and beyond the occasional references made to him in this little book little is known.

Dr. J. Gardiner apparently succeeded him, but beyond a few notes regarding him in an old Hospital record nothing seems to be obtainable, although he was evidently at the head of the institution for some years.

Dr. W. B. Hampton succeeded Dr. Gardiner, and was resident until the end of August, 1871.

Dr. J. H. McCollum assumed the duties of resident Medical Superintendent on September 1st, 1871. He is still remembered as having been a very careful and efficient officer, as well as a skilful physician. Besides discharging the duties of his position he conducted an outside practice. His affability and kindness made him popular with his fellow officers and the Hospital patients under his charge, but the financial difficulties under which the institution was labouring made the task of management onerous, and when great changes in this regard were contemplated by the Board, Dr. McCollum resigned, so that he might devote his whole attention to his rapidly-growing practice. His resignation took effect on December 31st, 1875.

Dr. Charles O'Reilly, a young man of marked ability, who had already earned a reputation as a Hospital Superintendent in Hamilton, was appointed



DR. J. H. McCOLLUM
Superintendent 1871-1875

to succeed Dr. McCollum. He brought to his work a great deal of energy, and it soon became evident that he was determined to make a success of the tremendous task he had undertaken. He introduced important changes and improvements, and under his régime the Toronto General Hospital established a reputation that placed it on the list of highly successful institutions in America.

When he entered on his duties the Hospital buildings provided accommodation for 150 patients; for some years before he left, it had been enlarged to such an extent to meet the growing demands of the city through increased population and other factors, that it provided beds for four hundred.

Dr. O'Reilly's administration was characterized by the strictest economy—far greater economy, in fact, than either he or the Board would wish to see practised, but it was impossible to do otherwise and keep the ship afloat. That Dr. O'Reilly did keep the ship afloat is to his credit, and the fact that he held his position for twenty-nine years is proof sufficient that he was a successful and capable administrator. These twenty-nine years taken from the best period of his life were not wasted, and while it is true that during his career he received many hard knocks, he had Irish enough in his composition to be a good "mixer," and if he took hard knocks he also returned them with interest.

Dr. O'Reilly's régime would require a large book to do it justice, a book that would be full of interest, because it would reveal the inside history of the Hospital during the really important part of its development and existence. Such history is always quite

different from that known to the outsider, who necessarily judges things from a somewhat superficial standpoint. The layman may criticize conditions as he thinks they are and shoot very wide of the mark, doing an injustice to those who are really bearing the burden and heat of the day.

Dr. O'Reilly made a host of warm friends during his incumbency, friends who have remained true to him in shadow and sunshine, and when he resigned on May 1st, 1905, the Trustees placed on record their appreciation of his long and loyal service, emphasizing their good opinion by granting him an annuity. Dr. O'Reilly is still an active and vigorous man engaged in practice with his son, Dr. Brefney O'Reilly, who, it may be mentioned, was born in the Toronto General Hospital.

Dr. O'Reilly's period has been covered with more brevity than the writer could wish, but it should be treated either at much greater length than the purpose of this book would permit, or in the manner adopted. It is to be hoped that Dr. O'Reilly will, at an early date, carry out his promise of putting on record the exceedingly interesting material at his disposal. It would be interesting reading, dealing as it would with Hospital development during a period when methods were completely revolutionized.

Dr. J. N. E. Brown was appointed Superintendent three months after the retirement of Dr. O'Reilly, in 1905.

Dr. Brown was a gentle and industrious administrator, who devoted every minute of his time to the work in hand, and like his predecessors he learned



DR. CHARLES O'REILLY
Superintendent 1876 to 1905

that the Superintendency of the Toronto General Hospital was no sinecure. During Dr. Brown's tenure of office the Board introduced a complete reorganization of the medical staff. Facilities for pathological and laboratory work were increased, and in general, the scientific side of the Hospital developed. A resident pathologist was secured, a vaccine department added, and many other advances made.

Dr. Brown's rule was distinctly beneficial to the Hospital, and when he resigned from office on April 1st, 1911, the Board expressed their great appreciation of his work. He had evidently "made good," as the Detroit General Hospital, which is to be one of the most important institutions in America, welcomed him as its first Superintendent, and gave him full charge of its plans and development.

Dr. C. K. Clarke was appointed Superintendent on May 15th, 1911, and is at present in office.

SECRETARIES.

Mr. A. F. Miller gives the following interesting account of Mr. Brent, the first Secretary:

Mr. James W. Brent became Secretary of the Hospital in 1850. The 28 years of Mr. Brent's official service were eventful from the standpoint of Hospital history. The present main Hospital building was erected and the former one removed, Widmer Street, from King Street to Adelaide Street, being run through the grounds on which it once stood. The Trustees erected a few houses at two of the corners of that large square to try to give a start to the building operations, but this effort was only partially

successful. The houses they built were not well looked after, and in course of time became dilapidated. The John Street frontage of the block was leased at a low rental, and a row of houses put up by a speculative builder. Later a somewhat better class of houses was erected on that part of the King Street block where the Arlington Hotel now stands. The rest of the square remained practically unoccupied for thirty years, the taxes falling heavily on the slender income of the Trustees.

Mr. Brent was always opposed to selling the lands, yet many of the deeds of purchase are in his handwriting; in spite of his best efforts as a property manager there were often vacant and unproductive holdings. Funds ran short, judgments sometimes stared the Board in the face, the Hospital had to be closed, and when reopened was sadly deficient in even the most necessary furniture and bedding. There was an annual shortage of income as compared with expenditure, leaving a year's deficit, and the situation was truly disheartening.

It never occurred to the management that the city of Toronto should defray a fair share of the cost of maintaining the sick poor instead of shifting the burden to the Hospital Board, and leaving them to struggle with it as best they could.

By a very strange arrangement the office of Mr. Brent as Hospital Secretary was located on King Street, near Church Street, over Russell's Book Store, more than two miles from the Hospital property. Collections and payments from patients were looked after in a haphazard and unsystematic way by the Steward and Resident Medical Officer, who accounted

to the Secretary for the money in hand from time to time, but frequently made use of these funds for purchase of supplies without any permission from the governing body. The City Council gave a small annual grant and sent in as free patients all applicants for Hospital relief.

The Steward bought meat, vegetables and provisions in the farmers' market, with money received from patients when such was in hand, or from storekeepers on credit when funds ran short. The Medical Officer bought farmers' loads of firewood, paying for it out of the money received from the patients, and keeping a running account with the Secretary for these receipts and expenditures. Naturally a good deal of unavoidable confusion prevailed, no proper audit was possible, and criticism of the Board was very often made. Dissatisfaction existed in an increasing degree, and at last reached such a point that the Government had to intervene and place a firm hand at the helm of the directorate.

Mr. Brent, in full consciousness of his own uprightness, opposed any proposition tending to introduce proper order or system. He greatly resented the removal of his office from King Street to the Hospital; he was more reluctant to undertake the collection of fees from the municipalities or patients in person, though the new management had decided on that course as the one means for rescuing the institution from its financial embarrassment.

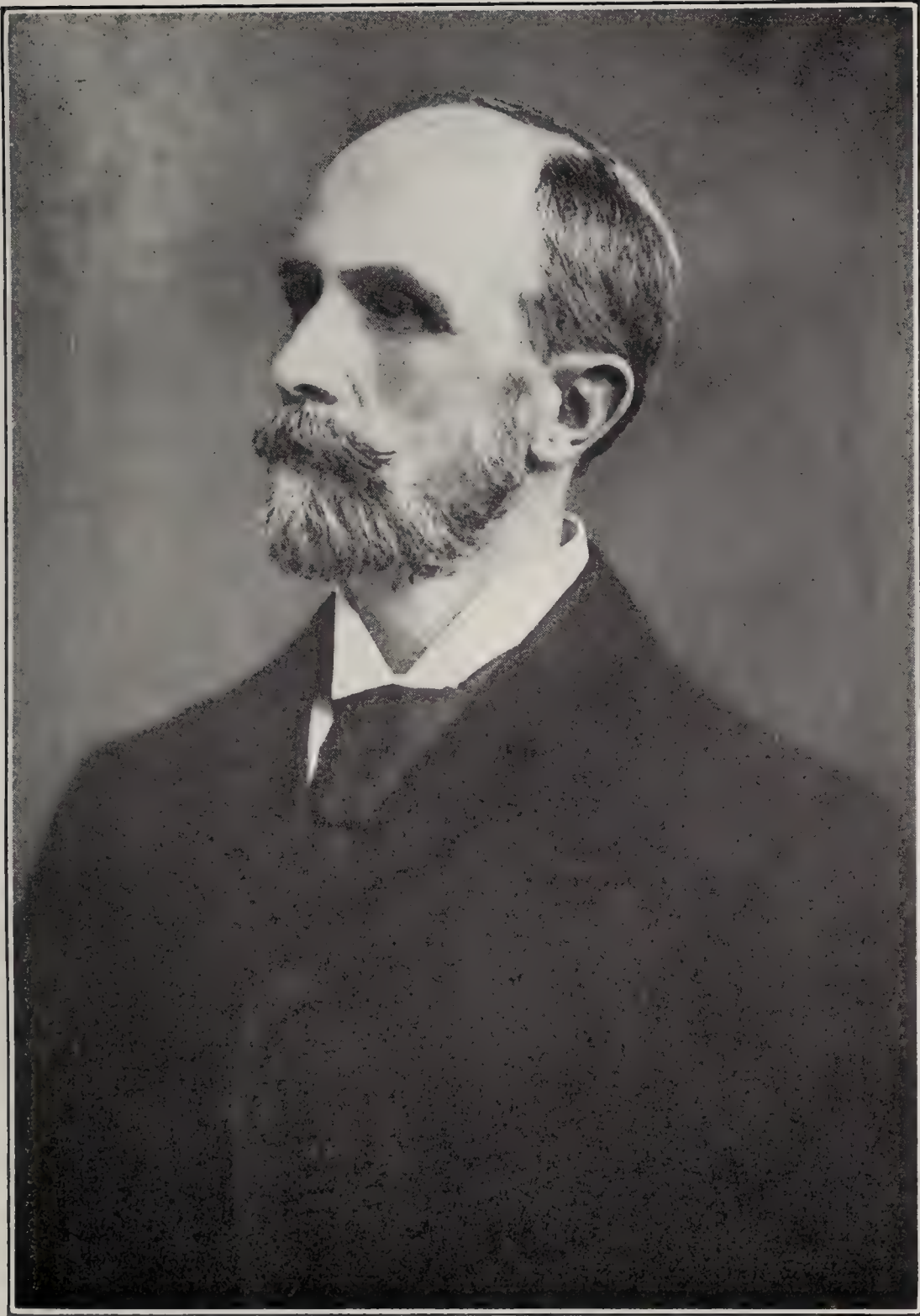
Friction began between the Board of Trustees and their Secretary, and Mr. Brent resigned in February, 1876. The Trustees, however, could not forget or overlook his long and faithful services, and on his

retirement they granted him an annuity for the rest of his life. He lived till the last day of December, 1887.

Mr. Allan F. Miller became Secretary on the resignation of Mr. Brent, and has long ago proved that he is a most able and conscientious employee; indeed, his whole conduct in the office has been characterized by extraordinary devotion that has produced results of the happiest character.

With an insight that is rare, he has handled the financial problems which have constantly faced him to the distinct advantage of the institution, and has guarded the property rights and possessions of the Hospital with a faithfulness worthy of the highest commendation. It is a striking tribute to his genius that from the first he was able to husband the slim resources of the General so that an annual surplus appeared where an annual deficit had been the rule. While it is true that a portion of the credit for this belonged to others, at the same time without his active and persistent efforts such a result would not have been possible. He was able during his official term, prior to 1897, to reduce the debenture debt of the Hospital from \$70,000 to \$24,000.

The Trustees have the greatest confidence and admiration for this "Grand Old Man," who has all through been the devoted slave of a duty that allows him little opportunity for recreation or rest. Mr. Miller is much too modest to claim the credit he deserves, but it is true that during his long years of labour he has built up an estate which will produce a large and growing revenue for the help of the sick



A. F. MILLER
Secretary

and needy in the Toronto General. His monument will be more lasting than one of brass.

During his thirty-eight years of service he has seen in office seven Chairmen of the Board, four Superintendents, and six Superintendents of Nurses.

OTHER NOTABLES.

George R. Shaw, the gentle messenger at the door, has been in the Hospital service since 1879, and is next to the Secretary in point of seniority.

Mr. Shaw is a walking encyclopædia on Hospital matters and has contributed many interesting facts to this memoir. He has always been immensely popular with the house staff, before which body he appears annually to deliver an address based on his knowledge and experience. As the lecturer has very pronounced and advanced ideas on biology, theology, and the militant suffragette, combined with the eloquence necessary to give them a proper setting, his lecture is regarded as one of the bright spots of the year.

Miss Fannie Richardson is well remembered about the Hospital as one of those actively interested in the welfare of the patients. She instituted the first Christmas tree on December 25th, 1884, and for eight years afterwards took an active interest in the annual Christmas celebration. After this the work was taken up by Mr. R. B. Hamilton, who has not failed the various city hospitals at any Yuletide.

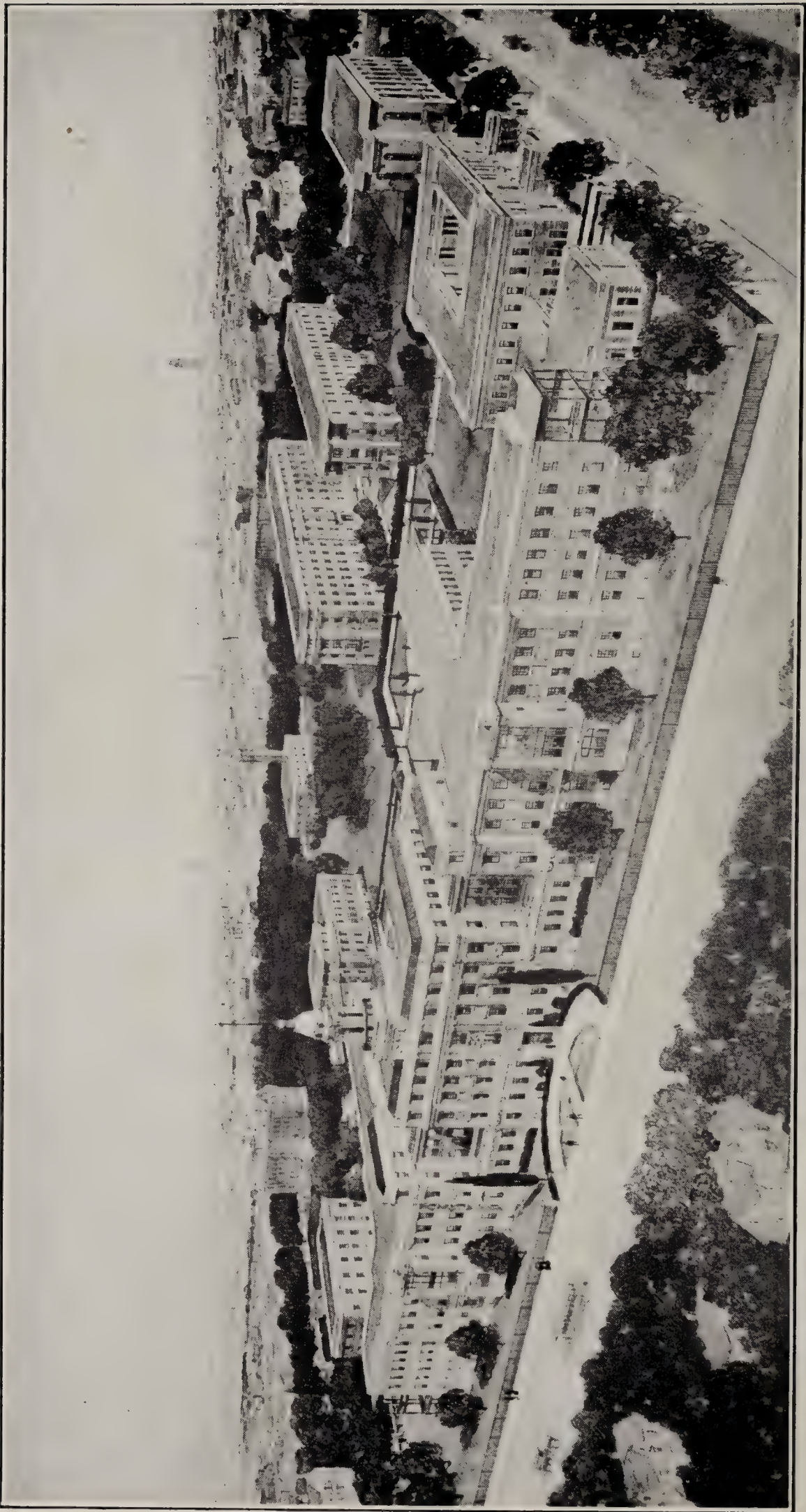
Dr. Alexander Burnside, who founded the Burnside Lying-In Department of the General Hospital, was a New England physician, born in 1779, who appeared

for examination before the Medical Board at as early a period as 1820. He was evidently something of a character, and immensely popular with the people, although a man of little education. Dr. Scadding describes him as follows:

“A New England medical man, of tall figure, upright carriage, and bluff, benevolent countenance. An early promoter of the Mechanics’ Institute Movement, and an encourager of church music, vocal and instrumental. Dying without a family dependent upon him, he bequeathed his property partly to charities in the town, and partly to the University of Trinity College, where two scholarships perpetuate his memory; in fact he donated the greater portion of his property to Trinity College.”

He died December 13th, 1854, in his 75th year. He had for a long time a large practice up Yonge Street, but never seems to have been regarded with great favour by his medical contemporaries. A writer describes him as “fine looking, portly, neat, tidy, always wearing a large gold seal.”

The Burnside Lying-In department of the General Hospital is properly described by Canniff, when he says, “The relief which has been and will continue to be afforded at the Burnside Lying-In department of the General Hospital is beyond human estimation, and can only be weighed by an Almighty hand.”



NEW TORONTO GENERAL HOSPITAL, COLLEGE STREET

CHAPTER VIII.

THE NEW TORONTO GENERAL HOSPITAL, COLLEGE STREET.

WITHOUT dilating too much on the various Hospital Boards, which did their best to keep things going under the inspiration of different Chairmen, who devoted what time and energy they could to the thankless task imposed on them, affairs began to reach a climax on the death of Mr. Walter S. Lee in 1902.

Mr. Lee was Chairman for several years and had taken a warm interest in Hospital matters. When he died Mr. J. Blaikie became Chairman, and in January, 1902, Mr. J. W. Flavelle was elected to a position on the Board of Trustees. Mr. Blaikie felt the burden very much and resigned the Chairmanship in 1904. It was offered to Mr. George Gooderham, who refused to act, and Mr. J. W. Flavelle was elected. Here the history of the College Street Hospital may be said to have begun.

Before long Mr. P. C. Larkin was elected to the Board, and the new administration began to stir things up and take on a broad conception of the modern hospital. Extensive alterations were put under way in the Gerrard Street buildings, and an attempt made to improve the old Hospital so as to conform to the very extensive demands of up-to-date medicine and surgery. The futility of trying to put new wine into old bottles soon became evident to the energetic Chairman, who is gifted with broad vision and indom-

itable perseverance. His associates, who comprised many of the most able men of the city, fully agreed with him, and their ideas were embodied in a communication which may be quoted freely as showing how the Hospital Trust regarded the situation in 1905.

“The donations received by the Trust have been unimportant, considering the long period of years since its inception. The buildings and equipment have been mostly paid for out of accumulated surpluses. Rigid economy enabled the Treasurer for years to present a statement annually, showing a credit balance. These balances (aggregating the sum of \$236,426), appear in the balance sheet as a reserve, and were from time to time expended upon buildings for Hospital uses, or improvements upon property owned by the Trust. The effect of this policy was to provide Hospital facilities at a minimum cost, with perhaps the result of depriving the community of the education necessary to a proper sense of responsibility for contributions. It certainly led to much restricted expenditure for maintenance and equipment, and probably occasioned many of the adverse criticisms passed in recent years upon the administration, the character of the buildings, the quality of the food, and the inadequacy of the equipment until the improvements of the last year or so were carried out.

“Owing to the presence of the students in the wards from the two Schools of Medicine (Toronto and Trinity), and the keen rivalry existing between them, it was the policy of the Trustees for many years to seek the favour of both Schools by dividing the representation upon the Visiting Staff as nearly as possible

evenly between them, and not infrequently when a doctor from one School was appointed, one from the other was named to even up. Again the competition between the Toronto General Hospital and some newer Trusts which had been formed, led the Superintendent to believe that it was desirable to secure support for the Toronto General by adding to the staff from time to time doctors who it was thought would support the Hospital. The result of this policy was to make the staff one of the largest of any Hospital in the world. It will be seen, too, that the selections for the staff were not always made because of superior professional attainments, but often to satisfy some one of the many conflicting interests above indicated.

“Two years ago the Board reached a decision that there was urgent need for a change of policy in the whole conception of the institution, including buildings, equipment, maintenance, administration and the duties and obligations of the Visiting Staff. Conditions had changed, and there was a marked advance in knowledge as to what constituted adequate hospital facilities. The demands of medical science for teaching purposes were not being met by the present establishment, and it was not creditable to the premier city of Ontario, to permit the continuance of the poor standard found in the Toronto General. They decided that no further expenditure should be made in patching up the old buildings, except for immediate requirements; that a large plan of reorganization should be considered, providing buildings and equipment suitable for the modern and scientific treatment of the sick poor, and affording facilities of high excellence for the educational work of the now united Schools

of Medicine in the University of Toronto. They were of the opinion that such educational work was of vital importance, not only to residents of this city, but to every home in the Province served by the graduates in medicine from the University. Their judgment was that such plan should include the reorganization of the Visiting Staff of the Hospital, and that support and public favour ought to be earned through excellence of service and efficiency in administration, rather than by the appointment or continuance of a large Visiting Staff.

“As a result of the above decision, the first approach was made to a prominent and wealthy young citizen, whose response was of such a generous character that the early consummation of the above plans seemed possible to the Board. Steps were then taken to secure the co-operation of all who were interested in the creation of a new Hospital establishment, with the result so well known. Subscriptions aggregating \$1,200,000 have been received. The co-operation between the Government of the Province, the University, the municipality of the city of Toronto and the subscribers is evidenced by the composite character of the new Board, and the plans inaugurated, having as their keynote facilities of the highest possible character for the treatment of the sick and for the betterment of the educational work in the University, are now to be carried to completion along such lines and in accordance with such methods as the present Board may consider advisable.

“At a meeting summoned by the Provincial Secretary at the close of last, or early in the present year, a representative committee was named to act with the

Board of Trustees covering any matters requiring immediate attention in connection with the proposed new Hospital. They were directed specifically to report to the full committee of gentlemen present, upon a site and a firm of architects who would furnish plans for the new buildings, and to prepare, for the consideration of the Government, a draft Bill for submission to the Legislature, embodying the conditions under which the proposed new Trust would be administered.

“The committee reported in favour of the purchase for a site of the block south of College Street, between University Avenue and Elizabeth Street, running southerly to Christopher and Hayter Streets, with the exception of the Dental College. The cost of this property was estimated at \$550,000. They presented a draft copy of a Bill; and they recommended as architects Messrs. Rolph and Sproat, with Mr. Curry as consulting architect. Their recommendations for a site and the draft of the Bill were approved, but the question of a firm of architects was referred back for further information, having particular reference as to whether competitive plans should be prepared.

“Acting on these instructions the Board employed the National Trust Company to acquire the site above described. A few weeks ago notices of expropriation were served upon all the holders, and at the present moment private negotiations are being carried on for the acquirement of such properties as can be secured in this way. The Board, through correspondence, secured considerable information as to what course had been followed by the Trustees of other hospitals as regards competitive plans when new buildings were

being constructed. They did not make a report to the large committee, as each week seemed likely to see the Hospital Bill passed and the new Board constituted. The data secured in relation to this matter is available for the new Board when they take up the question of plans, etc., in relation to the buildings to be placed upon the property.

“Many of the private subscribers to the Hospital Building Fund have named a period of three to five years for the payment of their subscriptions. On the organization of the new Board the \$200,000 from the city becomes due. Likewise on the consummation of an agreement a few weeks ago between the Trusts of the University and the Trustees of the Hospital, the \$250,000 from the Government becomes due, \$100,000 of which has been paid; in some sixty days' time the \$50,000 from the University direct will be paid. Particular conditions are attached to some of the subscriptions. The \$100,000 from Mr. Cawthra Mulock is to be secured for an Out-Patient Department. The \$100,000 by the Hon. Mr. Cox is to be used in a Memorial Building to the late Mrs. Cox. The \$100,000 from the Massey Estate is to be used for a Memorial Building to the late Hart A. Massey. The \$50,000 from Mr. Timothy Eaton is to be used for a wing or ward as a Memorial to his son, the late E. Y. Eaton.

“The Board is deeply grateful for the generous and spontaneous contributions which have up to date come from every quarter, and for the help which the press has been most kind in giving in opening its columns freely and without limit to matter of every kind in relation to the Hospital. It is well to remember, how-

ever, that there is still the uncompleted task of raising a sum sufficient to complete the enterprise.

“ The retiring Board in the past has dealt more with the pressing administrative needs of the Hospital and such legislative, financial and other preliminary arrangements clear the way for carrying out the larger scheme in view by the new Trust. With regard to staff organization, no definite action has been taken beyond certain tentative arrangements to provide for the present necessities of the Hospital work. The matter, however, has been the subject of much thought and careful consideration on the part of both the Board and the Hospital Staff.

“ Attached are reports containing recommendations to the Board by the members of the Medical and Surgical Staffs. These reports grew out of several conferences between the Board and the Visiting Staff, and represent many months of careful investigation and consideration. It was felt by the Board that they should not take action on these reports, as they came into their hands at a time when they were simply holding their Trust pending the creation of the new Board. The matter, however, constitutes an integral part of the reorganization plans of the former Board, and in their judgment is of such importance that they respectfully suggest as early action as may be found possible.

“ A broad survey of the whole question has impressed the retiring Board with the importance of certain considerations connected therewith which may serve in a general way to guide their successors in dealing with the matter. The material side of the Hospital question, the provision of suitable buildings, adequate

equipment and other facilities, must be recognized as only the means placed at the disposal of the staff for carrying into effect the real objects for which the institution is being established. On the proper organization of the services and the selection of an efficient and harmoniously-working staff, depends the future welfare of the Hospital and the ultimate success of the whole scheme. Organization must, therefore, be approached from the standpoint of the paramount interests of the Hospital and the University with which it is associated. In this connection we would express our appreciation of the spirit which has prompted members of the present Staff to waive personal consideration in giving the Board the greatest freedom of action in the difficult task which confronts them. The plans of organization which have been fruitful of good results in other centres should receive careful study and consideration, be improved upon where possible, and adapted to local circumstances. Now and in the future the character of services rendered or work accomplished should be understood to form the only substantial basis for claims to appointment or promotion on the Staff. A clear recognition of this principle should have a salutary effect in discouraging a resort to any other influence, and would place the highest premium on professional attainment, competency, energy and faithfulness of service, by the assurance of their fullest recognition by the Board. Such a policy would stimulate a generous rivalry in good work, and by placing all upon an equal footing would promote that harmony among the members of the Staff which is essential to efficient service.

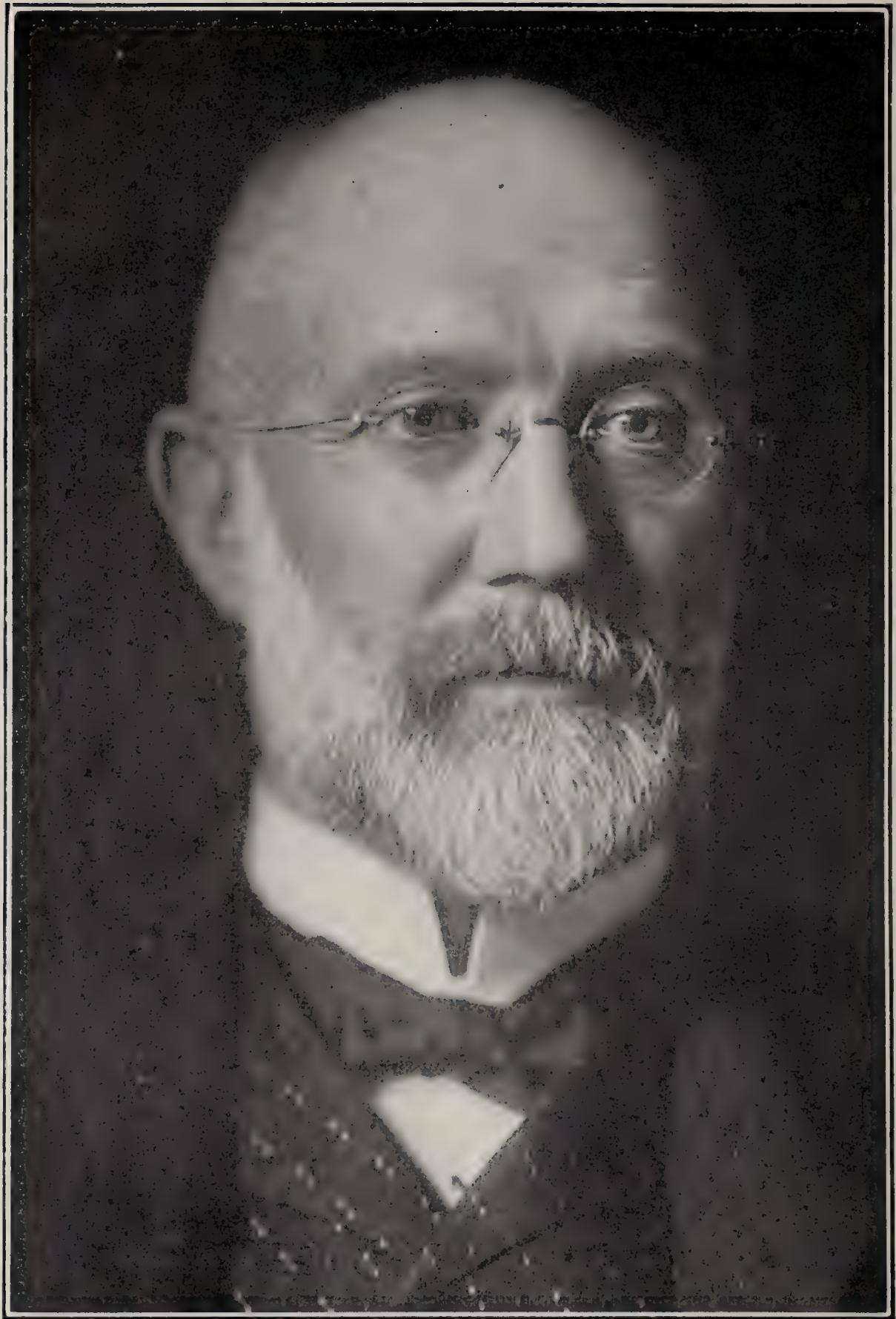
“ The number of heads to the different departments, the proper distribution of duties and responsibilities, the limit as to age and tenure of appointment of members of the Staff, the provision for regularity and punctuality in attendance, the assurance that a multiplication of other duties will not prevent members of the Staff from giving an adequate amount of their time for the discharge of the Hospital work, and, above all, the personal and professional qualifications of the applicants for appointment, are matters having an important bearing upon the future success of the institution and therefore demanding the most careful consideration.

“ The retiring Board would like to express its view as to what would constitute an ideal Hospital for the Province, and what has moved it to transfer its trust to an enlarged Board. What we had in view was a Hospital perfectly complete, including location, buildings and equipment; the most approved and ideal organization, proper co-ordination of work in all departments, and definite fixation of duties and responsibilities on each individual connected with the services; a Medical Staff with the highest qualifications; a Training School for the most efficient teaching of nurses for the care of the sick; clinical and pathological laboratories completely equipped for the study of diseases, including research work, and all the best facilities needed for the education of the students of medicine.”

The recommendations of the Committee were not fully carried out; in fact, the whole character of the scheme, as originally outlined, gradually changed.

The firm of Darling & Pearson, architects, was finally selected, and when the smoke from the preliminary skirmishes between Hospital and University cleared away, comprehensive and definite plans were outlined. The final agreement was made on December 1st, 1910. The University, which had contributed \$300,000 originally, undertook to make a further contribution of \$300,000, and in addition to that agreed to put up a Pathological Building on a site deeded to them by the Hospital Trustees. This site was two hundred and twenty feet in length on University Street, and a hundred and forty feet deep on Christopher Street.

While it was understood that the Pathological Building was to cost \$100,000, its final cost was \$150,000. The rights of the University as to clinical instruction were defined by a special Act, and a Joint Relations Committee arranged to make all appointments, which are for one year. A Head of Service, in the University, becomes ex-officio head of a Service in the Hospital. The Act is a comprehensive one, and while there is a good deal of difference of opinion in regard to the wisdom of establishing as many services as was done, this arrangement having been accepted, it meant the multiplication of surgical units in the Hospital to meet the requirements of the four surgical services. Enthusiasm ran high, and by April, 1911, contracts had been let, a large amount of excavation done, and everything prepared for an energetic attack on the immense building programme outlined by the architects. On Tuesday, April 11th, 1911, the Governor-General of Canada, Earl Grey, laid the corner-stone of the Administration Building. "The scene was an impressive one, not only on account of



J. W. FLAVELLE, LL.D.
Chairman of Toronto General Hospital Board of Trustees

its own interest and beauty, but especially because of the magnitude of the institution it concerned."

Mr. Flavelle made an important and comprehensive statement of interesting facts on the occasion. He said the land which had been acquired for the site had been purchased from almost a hundred owners, and two hundred or more houses had to be removed from the property.

The site cost \$600,000; already there were under contract or being arranged for buildings which would cost \$2,000,000. Their total expenditure would at least be \$2,600,000 (as a matter of fact the expenditure will reach about \$1,000,000 more than this amount). They had as resources to meet this expenditure the munificent grant from the University, authorized by the Government and Legislature, of \$600,000, the sum of \$400,000 from the municipality of the City of Toronto, and \$1,000,000 from private citizens, who had given freely of their means.

"It will be necessary," added Mr. Flavelle, "for us to ask our friends, the citizens of this city, to give us \$600,000 more, so that when your Excellency comes back to open this Hospital we may have it free of debt."

The possibility of the whole scheme probably became apparent when in 1904 Mr. Cawthra Mulock made the announcement to Mr. Flavelle that he was willing to donate \$100,000 to the Toronto General Hospital to erect, equip and furnish a separate building or wing as an Out-Patient Department. This set the men of vision actively at work, and when it was fully recognized that the site selected should be in close proximity to the University, the choice naturally

fell on the College Street property, a square of land bounded on the north by College Street, on the east by Elizabeth Street, on the south by Hayter and Christopher Streets, and on the west by University Avenue.

When embarking upon the extensive enterprise the Trustees fully realized the necessity for ample financial provision for carrying it to a successful conclusion. A subscription list, headed by Mr. Cawthra Mulock with his contribution of \$100,000, was opened, and immediately there was a generous response, both by members of the Board and others.

Mr. J. C. Eaton generously undertook to erect the Surgical Wing at a cost of not less than \$280,000. Messrs. W. E. Rundle and Mark H. Irish established a Citizens' Committee, by which an extensive canvass was made among business men. This Business Men's Fund yielded \$100,000. Mr. George Cox subscribed \$100,000, Mrs. Massey Treble a similar amount, and other generous citizens contributed most handsomely. On the advice of Dr. N. A. Powell, who was warmly interested in the success of the scheme, the Misses Shields, who were anxious to establish an Emergency Hospital in Toronto, kindly agreed to build it as part of the Hospital, on a site immediately north of the Cawthra Mulock Out-Patient Department. This was an important bequest, as it meant a complete building, fully equipped, and with an ambulance service for which an endowment was provided.

This is perhaps a somewhat hasty sketch of the scheme in its early stages, but from what has been written, it will be learned that the Trustees had deliberately embarked on a tremendous obligation, which

would require time, energy and ability to carry it through to its completion.

The Hospital, which is to provide beds for nearly seven hundred patients, is arranged about a square containing nine acres. The main structure, composed of medical, administrative and surgical groups, faces College Street, and is some six hundred and twenty feet in length. Running south from these are the following wings: Surgical—two from the Administration Building—to provide for semi-public, eye and ear, and nose and throat departments, one from the Medical corresponding to that of the Surgical side. The Surgical and Medical Wings, three stories in height, are almost identical in arrangement—that is, made up of two large wards on each floor, these wards having twenty-four and sixteen beds, with several smaller wards to give special accommodation to certain types of cases. These wards are splendidly lighted and ventilated, and the air space for each patient is most generous. At each bed is an electric nurse call. When a button is pressed by the occupant of a bed, a numbered electric light is shown in several places where the nurse is expected to be, and this light cannot be put out until the nurse goes to the patient. The floors of all wards, as well as the corridors, are covered with a specially made battleship linoleum of great thickness and of a pleasing red shade. This flooring makes the movements of the nurses practically noiseless, and as bells are prohibited, even on the telephones, the hospital will be free from the objectionable features so often encountered in similar institutions, where the feelings of the sick are not always considered. In the Surgical Wing there is a

fully equipped operating-room on each floor, the idea being to meet the requirements of each service. There is a good deal of difference of opinion regarding the wisdom of this arrangement, the surgeons, as a rule, believing it an excellent one, the Trustees and those who are responsible for the nursing and maintenance having great objection to a system that increases expenditure and staff to a serious extent. Whatever its virtues are—and they are many—it cannot be regarded as an economical solution of a difficult problem. At the same time, if it contributes to the success of the surgical department, nothing more can be said in condemnation of it.

The serving pantries and pathological laboratories in connection with each medical and surgical unit are models in their way, although, of course, the greater part of the pathological investigation will be carried on in the large Pathological Building, which is the most complete institution of this kind on the continent.

The Gynæcological Department is in the Administration Building, and has been most carefully organized, having been arranged by the late Dr. J. W. F. Ross, whose untimely death caused such grief a year ago. The Eye and Ear, and Nose and Throat Departments also occupy one floor of the Administration block, and are completely equipped. The fourth story of the Administration Building is devoted to the house staff, each physician being given a room, and made as comfortable as possible. The basement of the main group is the centre of a great number of activities in the Medical, Surgical and Administrative Departments. In the west end are located the nurses'

demonstration room, the hydrotherapeutic and radiographic equipments, the Registrar's offices, and the large amphitheatre for clinics; also accommodation for students, both male and female. In the east end are the sterilizing rooms, stores, employees' dining-rooms, refrigerating-rooms, and a hundred and one things demanded in a modern hospital. The main kitchen, built separately from the Hospital itself, is in close proximity to the east end.

Running south from the Surgical Wing, one has access to the Nurses' Home by means of the covered passageways which extend almost completely around the Hospital square in connection with the different buildings, the only exception being the Private Patients' Pavilion, which has, for reasons sufficiently obvious to those who have had to do with hospital management, been regarded as a separate institution, as far as possible. The nurses' dining-hall is a magnificent room, of a dignified character and cheerful appearance. It is tiled with red Welsh quarry tiles, and will seat about one hundred and seventy persons. The Nurses' Home itself is next reached by passing through a beautiful reception-room. The home has accommodation for one hundred and eighty nurses, each of whom is provided with a separate apartment comfortably furnished. On the first floor a particularly bright and "homey" library and lounging-room is arranged; indeed, everything that can be done to make the nurses content with their surroundings has been provided. A special court, with a nurses' garden and lawn tennis greens, gives those who wish for it opportunity to work off superfluous energy, if they have any left after duty. It also offers a resting-place both private and beautiful.

East of the Nurses' Home and facing Elizabeth Street coming from the north, are the Servants' Building, the Obstetrical Department, and the Power House and Laundry. Many of the servants are to be housed in different departments, but accommodation for seventy is provided in this one building.

The Burnside (obstetrics) is a complete hospital in itself, providing accommodation for some seventy or eighty patients, and in addition having an outdoor department.

The Power House and Laundry are capital examples of the modern developments in these lines. The cheapness of electricity in an institution that of necessity has a large overplus of what would otherwise be waste steam, has been fully taken advantage of, and as a result not a pound of this product will be lost. The laundry has machines, run in most instances by individual motors, and has a capacity supposed to be equal to the demands of even as large a hospital as the new General. In the Power House are found the steam and electrical equipments, both extensive and elaborate. The boilers are of two thousand horsepower, with Murphy automatic stokers and electrical feed. The electrical turbines develop the current necessary to operate the thousand and one devices used in the Hospital. This department is under the immediate charge of Alan Gibson, who is an accomplished and experienced veteran in the army of steam and electrical experts. In case of the Hospital plant failing, the electrical equipments of the city systems are immediately available, and as an illustration of the foresight that has been exhibited, in case of a break-down of the Hospital system during an operation, those in charge can not only instantly call on a

city connection, but, should that fail, a gas fixture can at once supply the light necessary to enable the operation to go on uninterruptedly.

Passing now to the west end of the main structure and going south, one reaches the Admitting Department, where patients are received and thoroughly examined before being sent to the wards. Leading from this are the detention rooms, where cases of suspected contagious or infectious disease are placed under isolation until the truth in regard to them has been established. Leading from these is a long passage, which ends in a reception lobby, from which it is a simple matter to pass north to the Emergency Hospital and south to the Out-Patient Department. A large *port cochère*, with a courtyard paved with blocks to eliminate noise, enables ambulances to get prompt and comfortable access to the different departments close at hand. The Emergency Hospital (Shields building) has everything that forethought can provide to enable sufferers requiring the most prompt attention to receive every advantage that science can think of, and the ambulance service close at hand will be the most perfect thing of the kind yet devised.

The Out-Patient Building (the Cawthra Mulock) combines all the most recent demands of a department recognized by hospital authorities as almost the most important in the hospital. A large central hall running through to the skylight, surrounded by the many rooms required to care for the hundreds of patients coming there daily, gave the architect ample opportunity to make the most of his abilities. The result has been of the happiest description, and the Out-Patient Department of the Toronto General ranks

as one of the notable buildings in Canada. Its interior is strikingly successful, and its unique beauty has excited the admiration of the many visitors from Europe and the United States. Even the benches for the waiting patients are of a design to perfectly harmonize with the surroundings. Running south from the Out-Patient along University Avenue is the Pathological Department, a very large four-storied building arranged on the unit system. It has already been spoken of, and must be regarded as a model for others to imitate.

Between the Nurses' Home and Pathological Building, running north from Christopher Street, is the Private Patients' Pavilion. It is a complete hospital in itself, giving accommodation to one hundred and fifty private and semi-private patients. A five-storied building furnished in the most complete way necessary to provide for those who are able to pay, it must be regarded as a commercial venture almost separate from the rest of the enterprise. Now that such hospitals are eagerly sought after by the public, no doubt it will justify its development.

This is a somewhat hurried description of the great new Hospital, but will in a measure serve to illustrate the magnitude of the undertaking, and make plain the ideas of the men who planned to do a notable thing.

The Hospital is built of a special brick of great hardness and beautiful finish. A good deal of criticism has been made of the brick by the man on the street, who does not always agree with those trained observers who can see the completed picture when it is but half finished. These observers say that the Trustees showed themselves men of good sense when they selected this particular brick, as it is beautiful

from the æsthetic standpoint, and lends character and dignity to a group of buildings that will receive a great deal of study from the rising generations. Then again the severely plain style of architecture adopted has not pleased everyone—although those who are best qualified to speak, unhesitatingly say that for the purpose designed, the Hospital is a splendid tribute to the genius of the men who created it.

Some of the views, especially those from the Nurses' Home and the Private Patients' Pavilion, are strikingly beautiful, and when the grounds are finally arranged the Hospital will rank as one of the most dignified and picturesque piles in Canada. It must always be remembered in criticizing such a structure as this, that every attempt to spend money on beauty alone had to be curbed, as the utilitarian object in view was the only thing to be considered.

That the Hospital should have been ready for opening in two years after the first sod was turned is a tribute to the architects, the chairman of the Board, and particularly to the industry and indomitable perseverance of Mr. George Richards, the Clerk of Works, who, with tireless energy and bulldog pertinacity, kept at his great task with an energy and intelligence that do him credit. He has the respect of the contractors and the confidence of everyone with whom he comes in contact.

Generally speaking, the Hospital has an equipment that embodies all the modern demands, and affords an opportunity for the care of the sick and the teaching of students almost unequalled, and now that original research has been provided for so generously by public-spirited men, the Toronto General must

become one of the most important educational centres of the continent.

The lighting of the wards is of the indirect variety, and the same method has been followed in the operating-rooms. Welsh quarry tiles are extensively used in corridors, bases are of terazzo, and Tennessee marble is generally employed in lavatories, shelves, etc. Much of the furniture is of steel, with opalite and enamel tops to tables. The walls are covered with paripan, a substance giving a fine finish of the most lasting character. The roof gardens over the Medical, Surgical, and Administration Building are a pleasing feature, and, as the elevators run through to the roof and all beds are on large rubber casters, they will be easily accessible.

Altogether, the Hospital may be regarded as the highest development of the modern institution, and the citizens of Toronto have ample reason to be proud of it, as it reflects the spirit of advance in such a marked degree. It is a far cry from the humble beginning made in 1820, and no better illustration of the progress of science and of humanitarianism can be found than the magnificent institutions, the Hospital for Sick Children and the Toronto General, side by side on College Street. One wonders if the next century will be as full of marvels as the last has been, and whether these hospitals will be as much of an anachronism in 2013 as the old York General would be to-day.

Some regret the intimate connection between University and Hospital, and feel that in a sense the sacrifice entailed by such a union is too great, and yet the facts easily available show that this very intimate

association is the basis of success. The layman very often is quite blind to, not to say impatient with, what he considers the weaknesses of the medical profession, and has little sympathy with many of their demands which are not to all appearances reasonable. At the same time, it must be remembered that a profession which adjusts a greater proportion of the real troubles of life than any other and has the confidence of the people in a manner that no other class can expect, is just as much to be trusted in great things as comparatively small ones. It realizes the tremendous importance of the hand-to-hand progress of University and Hospital, and no matter how much personal disappointment may bias any individual's expression of opinion, at heart he acknowledges the truth of this assertion.

To have been associated with the men who have been at the back of this magnificent scheme has been an experience altogether pleasant, and it has revealed the fact that they are citizens who are in every sense to be honoured. They have given time, energy, thought and money in the most unselfish way to the furtherance of a work that can bring them little personal glory. No one but those behind the scenes realizes how great this sacrifice has been, and yet it is a fortunate thing that such men exist in nearly every community. They are unfairly criticized, misjudged, and no doubt often feel discouraged at the apparent want of sympathy on the part of the public. After all, this want of sympathy does not really exist among the people who really count, and the fact that the response to appeals for help has been a fairly hearty one, is evidence that local pride does exist and humanitarianism is not dead.

CHAPTER IX.

NOTES REGARDING THE MEDALS.

SINCE writing the first chapter of this book, the author has made very full investigation of the so-called medal mystery, and is firmly convinced that the only mystery in connection with it is the "reason why" the medals were not distributed. Whatever the secret was, it was well kept, and as all the actors in the drama have left life's stage without telling it, the only thing we can do is to conjecture. One fact is certain, though, that is, all or nearly all the mementoes of the War of 1812 were destroyed, and the only medal issued was that of the British Government for certain engagements, in 1847.

Even Lord Sydenham seems to have taken an interest in the medal mystery, as Professor Adam Shortt, of Ottawa, shows in the following notes: "In looking over the manuscript letter books of Lord Sydenham's secretary in 1840, I find the following in reference to the medals: It is stated that gold and silver medals had been sent out, under the direction of the Loyal and Patriotic Society, to be distributed to the militia who served in the War of 1812-15. It appears that they had been deposited with the Bank of Upper Canada. The Governor-General's secretary wrote to the president of the bank to discover what had become of the medals. Getting no satisfactory reply, under instructions from Lord Sydenham, he wrote to the Hon. William Allan, who was at once a director of the Bank of Upper Canada and a director

of the late Loyal and Patriotic Society, to discover what he knew of the matter. So far as the correspondence indicates, he got as little satisfaction from him as from the president of the bank."

Mr. Henry O'Brien, a well-known Toronto barrister, was asked if he knew anything of the medal controversy. He kindly wrote to General C. W. Robinson, in England, who replied on May 8th, 1912, as follows:—

"MY DEAR O'BRIEN:

"Thanks for your letter of April 25th, as to the medal struck (but never issued) by the Loyal and Patriotic Society for the War of 1812-14.

"If you turn to the life of my father, pages 62 and 63, and also 410, you will find it fully alluded to, and have all the information I could give from all papers.

"Mr. George Allan had two copies of these medals, which I imagine his father had kept, and I have many times seen them, in his library. Now I think his son George, at Winnipeg, would know where they are, and probably he has them. They were melted down (I mean the mass of the medals), not by a blacksmith, apparently by Mr. Stennet.

"Possibly—indeed, I am sure of that—the reason why they were not issued, was that, after much consideration, it was thought that the Sovereign could only grant medals, and at that period none had been granted, even for the Peninsular War, for it was not until 1847 that that medal was issued, except for a few senior officers (gold medals)."

On page 63 of Major-General C. W. Robinson's life of Sir John Beverley Robinson, the following occurs:—

“Though 61 gold and 548 silver medals were struck in England for this Society, they were, in the end, never issued, both on account of the difficulty of selecting those to receive them, and, because it was in many quarters considered an undue assumption for a private society to confer medals for public military service, this pertaining to the Sovereign alone.”

As suggested by Major-General Robinson, Mr. George Allan, of Winnipeg, was written to, in the hope that he might be able to throw some light on the whereabouts of the missing medals referred to. On the 25th of May, 1912, the following letter was written:—

“DEAR DR. CLARKE:

“I have your letter of 21st May, and note contents. I do not remember anything about the medals you speak of, and they are not in my possession. At the time of my father's death, under instructions from my mother, a good many things which had belonged to my father were made over to the Toronto General Library and other Toronto institutions.”

Mrs. Eccles, of St. Catharines, kindly placed at the disposal of the author the memoirs of Col. John Clark, in manuscript, who was with Brock at Queenston Heights, and who was a prominent character in the War of 1812, as well as in the development of the County of Lincoln. He was born at Kingston in 1783. He refers to the medals in several places in his memoirs, the first reference being as follows: “I was placed on duty by Gen. Brock, from the commencement of 1812, as lieutenant and adjutant of the 1st and 4th Lincoln Flank Companies. In March,

1813, I was promoted to the rank of Captain Assistant Adjutant-General of Militia, by General Sir Roger Hale Sheaffe, administering the Government of Upper Canada, which place I retained until the peace of 1815, but being a militia officer, not very conspicuous in military tactics, did not receive a medal equally with those deemed more efficient, who were present at the surrender of Detroit, to whom the medals were confined. This medal affair was brought forward in the House of Parliament by Mr. Merritt afterwards."

At even as late a date as September 8th, 1852, the medal war had not been settled, and it is quite clear that the Loyal and Patriotic medals had never been issued as a reward to anyone, as the Hon. Mr. Merritt proposed on that date, in the House of Assembly, the following resolution: "That an humble address be presented to Her Majesty representing the disappointment of many of the inhabitants of the Province, when they discovered that the hardest fought battles of Canada were not included in the general order of the 1st June, 1847, which awarded medals for certain actions. That the said general order confined the distribution of medals to those actions only where a general or superior officers of the several armies or corps of troops engaged had already received this distinction, consequently, many of the battles of this country do not come under the rule thus laid down; and this House has reason to believe it will not be departed from in behalf of the Canadian Militia, without a strong representation from this House. That Her Majesty's attention be accordingly called to the distinguished services of the Canadian Militia during the late war with the United States, with the view of

removing the invidious distinction caused by the distribution of these medals, the Canadian Militia having acquired in common with the British troops a reputation for gallantry and loyalty of which their posterity may feel justly proud. That Her Majesty be therefore prayed to confer a similar medal to that awarded for the Battles of Detroit, of Crysler's Farm, and of Chateauguay, on the now few survivors who successfully defended their country in the various other battles fought during the war. That His Majesty King George the Third ordered that the word 'Niagara' should be inscribed on the colours of the Glengarry Light Infantry, and the incorporated Militia of Canada, for their gallant conduct on that frontier, and if they deserved such marked distinction, they surely deserved a medal to commemorate it."

All of this goes again to show conclusively, that, whatever the British Government may have done in the way of issuing special medals to the favoured few, at as late a date as 1847 the Loyal and Patriotic medals had never gone forth on their original mission.

Mr. C. C. James, who has taken a warm interest in the mystery of the medals, has informed the author that specimens of the Loyal and Patriotic Society medals have been advertised for sale from time to time.

In the *Antiquarian and Numismatic Journal* for January, 1875, pp. 109-110, Sale of Clay Collection, December, 1871, Loyal and Patriotic Society Medal (silver), \$42.50.

Journal of 1876, pp. 64-65, Sale at New York, 30th June, 1876, "Upper Canada Preserved," 1814. Extremely rare, \$20.00.

The author is aware that specimens have been catalogued, but these were re-strikes, and very probably this would explain the appearance of the medals referred to above.

“ MONTREAL, April 14th, 1913.

“ C. K. Clarke, Esq.,

“ Superintendent, Toronto General Hospital,

“ Toronto, Ont.

“ DEAR SIR:

“ In reply to your question regarding the medals of the Loyal and Patriotic Society, I may state that according to my conclusions there were three varieties issued.

“ 1st. The large medal, of which re-strikes were furnished from time to time by Wyons. Was engraved by Thomas Wyon, but because the lion and beaver were represented on the American side of the Niagara River, and the eagle on the Canadian side, it was rejected, and a new die ordered.

“ No. 2. Also a large medal, shows the lion, beaver and eagle on their own territory, with the names of Lakes Erie and Ontario, and Canada and United States, inscribed on their respective localities, as on a map. One specimen, which, if not the die sinker's original undelivered specimen, is the only one of the accepted medals that escaped destruction.

“ No. 3. In the statement of the number of gold medals destroyed, and the weight of gold bullion sold resulting therefrom, one is led to the conclusion that the gold medals were much smaller than the silver, for if the gold medals had been the same size as the silver ones, their destruction would have produced five or six times the amount of bullion recorded. I

have never seen or heard of the mother medal, but am sure it must have existed.

“Yours truly,

“ (Sgd.) R. W. McLACHLAN.”

The above letter, which was received after the first chapters of this book had gone to press, is full of interest, and throws new light on the problem, already so fully discussed. It makes plain, too, the reason why the re-strikes referred to appeared in catalogues, although the discrepancy in the matter of the value of the bullion is not so great as might be supposed.

The medals did not cost the amount sent over to England—vide original account—and the difference in the value is perhaps not greater than would be expected between the value of a manufactured article and the material put into it.

The medal figured in Lossing's “War of 1812” is the same as that reproduced in the photograph in this book.

In 1872 Alfred Sandham published an article in the *Canadian Antiquarian and Numismatic Journal* on the medal of the Loyal and Patriotic Society. This was illustrated by a cut of the medal, which is the same medal as that reproduced in this book, as well as in Lossing's.

Mr. Sandham was quite clear in regard to its identity, as appears from the note below, in which he refers to the rejected specimen.

Then again, if Mr. McLachlan's supposition be correct, it seems somewhat extraordinary that the Wyons should have retained only the dies of the rejected medal. It does not look reasonable, but one must frankly admit the difficulties of the question.

At all events, the information at hand has been placed before the reader as impartially as possible, and he will be able to satisfy his leanings by determining mentally which is the south side of the "streight" and which the north. It is no more difficult than the problem offered by Mr. Frank Stockton in his story of "The Lady and the Tiger."

It really makes no difference, as far as the Hospital is concerned, nor does it affect the interest of the story told. The only regret is that the question as to why the medals were not distributed has not been made plain, and, no doubt, the mystery—if there be one—will never be solved.

Note from Mr. Sandham's article:—

"It would appear from this resolution that a second die had been ordered, as it is quite evident that a gold medal $2\frac{1}{2}$ inches in diameter could not be produced for three or even five guineas. I have not been able to procure any particulars respecting the gold medals, nor of the lot first received, and subsequently rejected, by the Society. If any person can furnish information on these points, I shall feel greatly obliged. The bronze and silver medals are seldom met with, and the existence of the medals was unknown to the majority of collectors until a recent date, when a specimen was sold in New York for a very large amount.

"I have learned that a number of these medals are still to be found in possession of persons residing on the Niagara Frontier, and other parts of Ontario, and they are looked upon with great reverence, nothing short of actual want being likely to induce their owners to part with these records of their ancestors' loyalty and courage."

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